

APPENDIX C.1

The following are only examples that have been modified for the purpose of deidentification and use as an example. These forms should not be directly adopted for use; they are intended to be examples and may not address the ethical and legal considerations for every district or school.

Sample Consent for Opt Out

Dear Family Members,

In our continuing efforts to support the well-being of all our students, we will be administering a universal assessment of social, emotional & behavioral health. The assessment consists of a brief rating scale that is going to be completed by the homeroom or classroom teachers. In addition, students over age 12 may complete a self-rating. Together, this information helps us to understand the needs of all our students and to make effective plans at the whole school, class, and individual level. We are always working to support the needs of our school community, including school-wide programs such as positive behavioral interventions and supports and our social-emotional learning curriculum. It is important that your child feel that academic learning is their focus at school and that the adults they work with each day are doing all they can to create a safe and supportive environment.

If you would like more information about the universal assessment and the other supports we have at our school please call [INSERT NAMES HERE]. There is also the option we present to all families for their child to not participate in the screener. If you choose for your child to not participate in the screener, complete and return the form at the bottom of the page.

Thank you,

NAME

ADMINISTRATOR

I understand that my child's school will be administering a universal assessment of behavioral health to all students. I wish to opt out of this assessment. I understand that by signing this form, my student will not be included in the school-wide assessments.

Name of Parent / Guardian:

Parent / Guardian Signature:

Date:

APPENDIX C.2

The following are only examples that have been modified for the purpose of deidentification and use as an example. These forms should not be directly adopted for use; they are intended to be examples and may not address the ethical and legal considerations for every district or school.

Sample Consent for Opt Out

Date: XXXX

Dear Parents and Guardians:

[DISTRICT NAME] County Public Schools are committed to improving the culture and climate of our schools, and supporting the whole child. One way we are addressing the whole child is by looking at student strengths and areas of concern for social, emotional, and behavioral well-being.

As mandated by the Marjory Stoneman Douglas High School Public Safety Act – your child will participate in universal screening [INSERT SCREENING TOOL HERE] to identify student needs, provide prevention and/or positive supports and intervention. The survey will be administered in the Fall (October/November) to help support students. Teachers will complete a brief survey that will help find children who may be at risk to develop academic or other school-related concerns. This survey will also help promote social emotional well-being for all students.

If you would prefer that your child not participate in the universal screening, please complete and sign the portion below, and return this form to the school by DATE.

If you have any questions please contact our Director of School Behavioral Health, NAME, at EMAIL@EMAIL.COM or at 867-5309. An informational flyer is available in the school front office, further explaining universal screening.

Sincerely,

School Principal

I have read the above statement and request that my child OPT-OUT of the universal screening.

Child's Name (print) _____

Parent/Guardian's Signature _____

Date of Signature _____