

Sample Active Parental Consent Letter for School

Dear Parent,

I am writing to tell you about an exciting new program at (SCHOOL). The program is called TeenScreen. At the end of this letter is a consent form. Please fill this out after reading this letter to indicate whether or not you want your child to participate.

What is TeenScreen?

TeenScreen is a screening program developed by Columbia University. Its purpose is to identify and help youth who suffer from depression and other emotional problems. This program is now being used by many schools around the country. The program uses a questionnaire called the (SCREEN). The questions on the (SCREEN) are about (GENERAL HEALTH PROBLEMS / DEPRESSION OR LOW MOOD / ANXIETY OR WORRY / SUBSTANCE ABUSE).

Why do we need TeenScreen?

Programs like TeenScreen are needed because one out of every five teens in America has emotional problems. (DEPRESSION, ANXIETY, AND SUBSTANCE ABUSE) are all common problems in youth. Unfortunately, these problems are often hidden and most teens with these problems never get help. At (SCHOOL), we believe that no student should suffer in silence when help is available.

How does TeenScreen work?

(DESIGNATED PROGRAM STAFF) will be in charge of the program. It will take place during school hours. Your child will not be screened without your permission. Your child can refuse to participate or refuse to answer any questions during the screening. We will notify you by letter if your child refuses to participate. This program is free.

Step One: Students who participate will complete the (SCREEN), a (PAPER-AND-PENCIL QUESTIONNAIRE / COMPUTER INTERVIEW). This takes about (10 MINUTES).

Step Two: If a student's answers show that he/she may need some help, he/she will then meet with a trained health professional in private. Students whose answers show that they probably do not need help do not meet with a professional unless they wish to.

Program staff will notify you if the professional recommends further evaluation. Program staff will tell you the overall results for your child and discuss the recommendations and ways to get help. It will be up to you to obtain additional services for your child. (SCHOOL) is not responsible for providing services beyond the TeenScreen evaluation and referrals to professional health services in the community. However, you may contact program staff for more information about health resources in the area.

Is TeenScreen confidential?

Only this consent form and the assent form that your child signs have names on them. Records will be stored in locked files or in electronic format without names or other identifying information. Records will be available only to program staff. Your child's results will not be shared with teachers or included in permanent school records. If program staff believes that your child is a danger to himself/herself or others, or is being abused, they must notify appropriate personnel.

What's next?

(SCHOOL) is providing the TeenScreen Program as a service to your child in an effort to promote a healthy student body. We encourage all students to participate. By signing the attached form, you are (1) agreeing to your child's participation in the screening and (2) demonstrating your understanding that this is a screening service only. Please do not hesitate to call (NAME) at (NUMBER) if you have any questions.

Sincerely,

(NAME)

Principal, (SCHOOL)

(SCHOOL) TeenScreen Parental Consent Form (cont.)

Please return this form by mail or have your child deliver it by (DATE) to:

(Name)

(Location)

I have read and understand the description of the TeenScreen Program offered at (SCHOOL). I understand that (SCHOOL) is not responsible for providing additional services that may be recommended as a result of participating in this program.

___ I want my child to participate in the TeenScreen Program.

___ I do not want my child to participate in the TeenScreen Program.

Parent/Guardian's Name (Print): _____

Student's Name (Print): _____ Grade: _____

Parent/Guardian's Signature: _____ Date: _____

If you AGREE to having your child participate in the TeenScreen Program, please provide the following information:

Address: _____ Home Tel.#: _____

Best times to reach you:

1) _____ Tel.#: _____

2) _____ Tel.#: _____