

mailing

TeenScreen Parent Consent Letter for Southeast Polk High School – 2011-2012

Attn: Parents of students enrolled in health (either semester)

Please return this form to let us know whether you want your teen to participate in the screening.

RETURN OPTIONS:

By mail

Southeast Polk High School
Attn: Guidance Department
7945 NE University Avenue
Pleasant Hill, Iowa 50327

266-3056

Attn: Cathy Beck-Cross
or 967-5117
Attn: Jennifer Wing

Drop off:

Southeast Polk High School
Guidance Department
or Nurse's Office

I have read and understand the description of the TeenScreen Program offered **STUDENTS ENROLLED IN HEALTH EITHER SEMESTER** at Southeast Polk High School. I understand that if I consent to my child's participation in TeenScreen, the screening will be offered to my student on one of the following dates:

Students enrolled in health 1st semester – October 20 or November 17, 2011

Students enrolled in health 2nd semester – February 21 or March 13, 2012

Please select one of the following:

I **DO want** my child to participate in the TeenScreen Program (please complete **entire** form)

I **DO NOT** want my child to participate in the TeenScreen Program (complete only **top portion** of form)

Parent/Legal Guardian's Name (Print): _____

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

Parent/Legal Guardian's Signature: _____ Date: _____

If your child WILL participate, please provide the following information so we can contact you if necessary:

Street address: _____

Home phone #: _____

City/zip: _____

Cell phone #: _____

Work phone #: _____

Best times to reach you:

1) _____

Phone # during that time: _____

2) _____

Phone # during that time: _____

TeenScreen Parent Consent Letter for Southeast Polk High School – 2011-2012

Attn: Parents of students enrolled in health (either semester)

2011-12 School Year

Dear Parents,

As parents you are well aware that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships with family members and friends, and lead productive and happy lives. Southeast Polk High School is committed to working with you not only to educate your children, but also to ensure that they reach their full potential outside of the classroom. To that end, we are offering parents of students enrolled in Health class this semester the opportunity to have their teens participate in a wellness check-up called TeenScreen. TeenScreen is a nationally-recognized program developed by Columbia University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free and completely voluntary and confidential.

The teen years are a time of tremendous change. TeenScreen can help parents better understand the changes their teens are experiencing. No matter what the results of your teen's screening are, the program will provide you with important information. For most parents, this screening will reassure you that your teen is just experiencing typical "growing pains." For other parents, TeenScreen can help you pinpoint a problem in its early stages, giving you the ability to secure needed help for your teen and reduce the chance that a more significant problem will develop in the future.

I hope you will take advantage of this confidential check-up. Please read the information below and in the attached "Common Questions and Answers about TeenScreen," and then sign and return the Parent Consent Form on the next page to indicate whether you want your teen to participate.

How Does TeenScreen Work?

Cathy Beck-Cross, director of Southeast Polk's Central Place Family Resource & Community Education Center, will be in charge of the program. It will take place during school hours in a private setting at the school. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers. There are three steps to the screening procedure:

Step One: Teens complete a 10-minute questionnaire about vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a potential problem and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they probably do not need help meet briefly with other program staff to answer any questions they may have about the program and to give them the opportunity to ask for help with any other concerns the screening did not cover.

Step Three: You will be contacted by program staff only if your teen meets with a mental health professional and the professional recommends further evaluation for your teen. If this is the case, program staff will share the overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional mental health services. If a vision, hearing or dental need is identified during the screening process, program staff will first attempt to reach you by telephone, and if unsuccessfully, will notify you by letter.

Southeast Polk High School provides this screening at no cost, but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen.

Please do not hesitate to contact Cathy Beck-Cross at 266-6795 or becke@se-polk.k12.ia.us if you have any questions. You may also find information about the TeenScreen Program at www.teenscreen.org.

Sincerely,
Chuck Bredlow
Principal, Southeast Polk High School

Common Questions and Answers about TeenScreen

Are TeenScreen results confidential?

Yes, screening is confidential. In order to protect your child's privacy, his/ her screening results and related files will be stored separately from his/ her academic records. Teachers will not be involved in the screening procedure. If program staff believes that your child is in some danger or is a danger to others, they are mandated by law to take action and notify appropriate personnel and/ or necessary authorities.

What if I provide consent, but my child doesn't want to participate?

Because we believe screening should be completely voluntary, your child may refuse to participate or refuse to answer any questions during the screening. We will notify you by letter if your child chooses not to participate or is absent on the day of the screening.

Does TeenScreen recommend treatment?

The TeenScreen Program and staff do not make any treatment recommendations. All possible treatment decisions are made by families in close consultation with a health professional of your choice after the completion of the TeenScreen Program. Treatment recommendations are beyond the scope of the TeenScreen Program.

How accurate is the screening questionnaire?

The screening questionnaire was developed by Columbia University and research has concluded that it is effective in identifying youth with possible emotional problems. However, the questionnaire results are not a medical diagnosis. Medical diagnoses are beyond the scope of the TeenScreen Program.

Can I see the questionnaire?

Yes. If you wish to review the TeenScreen screening questionnaire, the assent form your child will be asked to sign prior to his/her participation in the program, or any instructional materials related to the screening, please submit a request to Cathy Beck-Cross at Central Place Family Resource & Community Education Center, 6540 NE 12th Avenue, Pleasant Hill, Iowa 50327, phone 266-6795 (beckc@se-polk.k12.ia.us), and you will be notified of the time and place where you may review these materials.

Where does TeenScreen get its support?

The Program is supported by foundations and local communities. It is operated as a non-profit public service and accepts individual donations to help provide free screening services to local communities. The program receives no funding from pharmaceutical companies.