

Dear Parents:

The physical and mental health of young people plays a key role in their ability to succeed in school, and outside the classroom. During the 2019/2020 school year, Slinger School District will pilot a Mental Health Wellness Screening program at the middle & high schools. The screening is a proactive approach to identify students who might benefit from further evaluation of mental or behavioral health challenges. While your district faculty and staff have always been alert for identification of student needs, we offer this tool to track both overall district patterns, and individual needs, before a problem arises.

In consultation with local behavioral health providers, the district has chosen a measure proven to be valid and reliable, the Pediatric Symptom Checklist. This 17-item measure is not a diagnostic tool, but a screening measure, and is designed to identify those students whose daily feelings or behaviors might match symptoms of the most common mental health challenges for this age group. The checklist will yield a 'total score,' and look for symptom clusters in three areas: Internalizing (think: anxiety or depression), Externalizing (think: aggression), and Attention, e.g., issues with focus and concentration.

The screening program is free, voluntary, and confidential, and we encourage participation as one piece toward ensuring your student's health and readiness for learning. With your consent, your student will complete a 10 minute computer-based assessment. At the completion of the measure, your student's responses will be scored. If, like most students, your child's scores fall within the 'normal' range: a letter will be sent home verifying this. Some students' scores may point to the need for further evaluation. Parents of those students will receive a phone call, or email from district staff, in order to plan for meeting a student's needs, e.g., collaborate on current issues, or identify available resources. The screening is private, and scores will be kept confidential, and apart from academic records.

Thank you for partnering with us to insure your child's mental health; research shows that earlier detection and treatment can lead to better outcomes!

_____ My child may participate in the mental health screening program.

Parent/Legal Guardian Name (Print) : _____

Parent/Legal Guardian Signature: _____

Date: _____

Student's Name (Print) : _____