

STUDENT HEALTH SERVICES

DURFEE HIGH SCHOOL

Dear Parent/Guardian:

Date: _____

We would like to inform you, that over the next few months, we will be conducting our annual State mandated vision, hearing, height/weight and scoliosis screenings on students in Grade 9. In addition to these screenings, it is now mandated to complete an additional SBIRT (Screening, Brief Intervention, and Referral for Treatment) screening. This is an interview-based screening about the use of alcohol, marijuana, and other drugs. Student screening sessions will be brief and conducted confidentially in a private, one-on-one session by the school nurse or counselor. If needed, the student will be referred to our counseling department for further evaluation. Results of the screening will not be included in your child's school record, nor will results be shared with any staff other than making a referral to the counseling department.

As with any school screening, you have the right to opt your child out of this screening. Please contact the school nurse at 508-675-8146 if you have any questions about this program or if you wish to opt out. You may also sign below and return this form to the school nurse or Freshman grade office by November 30th if you **do not** want your child to participate in the SBIRT screening. Screening is voluntary and students may choose not to answer any or all of the screening questions.

Thank you,

School Nurse

Student's Name: _____ **DOB:** _____

I do not want my child to participate in this screening.

Parent/Guardian Signature

Date