



Dear Parent/Guardian:

We have the opportunity to partner together to offer sixth graders at Lewis and Clark a chance to participate in the Signs of Suicide (SOS) program, as part of our suicide prevention efforts. It is the only school prevention program listed in the National Registry of Evidence-based Programs and Practices. It provides school-based interventions that address suicide risks and prevention of suicide attempts.

The SOS program highlights the relationship between depression and suicide by teaching that most often suicide is a fatal response to a treatable disorder-depression. In addition, the program focuses on the relationship between depression, suicide, and drug and alcohol use. SOS provides information for students to recognize depression within themselves and others and teaches action steps.

#### **SOS Goals**

1. To increase understanding of depression as an illness, and suicide as a behavior related to untreated or poorly managed depression.
2. To improve attitudes about intervening with peers who are experiencing symptoms of depression, and who might be thinking about suicide.
3. To encourage youths who may be contemplating suicide to seek help.

#### **Program Presentation**

Trained school counselors will be presenting the program to sixth grade health classes.

#### **SOS Core Component**

The "Brief Screen for Adolescent Depression," will ask students seven yes or no questions. Should a student score in the critical range on the screener, you will be contacted.

#### **Parent Information/On-line Meeting**

SOS Presentation "Training Trusted Adults" and "Time to ACT" (student presentation) on our LC website: [www.billingschools.org/our-schools/middle-schools/lewis-clark](http://www.billingschools.org/our-schools/middle-schools/lewis-clark)

On-line discussion, via Google Hangout, with school counselor on **October 16 from 6:00-7:00 pm**

<https://meet.google.com/tkp-rbsn-fxo>

You have the option to "**opt out**" your child from the presentation and screening. If you would like to opt your child out, please return the signed form to the school counselor by **Tuesday October 16<sup>th</sup>**.

**Counselors:** Mr. Brook (A-K) 281-5908 [brookks@billingschools.org](mailto:brookks@billingschools.org)  
Mrs. Beaumont (L-Z) 281-5969 [beaumontm@billingschools.org](mailto:beaumontm@billingschools.org)

I choose **NOT** to have my child participate in the SOS presentation and screening on **October 22<sup>nd</sup> and 23<sup>rd</sup>**.

Name of Student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_