

March 2023

Dear Parent/Guardian:

Florida legislation (6A-1.094124) requires that all students, grades 6th - 12th, receive instruction in mental health, child trafficking prevention, and substance abuse. In Volusia County schools, students will receive this instruction through a developmentally appropriate lesson within their class day. Lesson topics will include the following:

High School – Introduction to Mental Health, Coping Skills, Signs of Mental Illness, Seeking Help, and Safety & Substance Abuse

At Seabreeze High School, lessons will be delivered in the classroom by your child's teacher in 4th period on March 20th, 5th period on March 27th, 6th period on April 3rd, 2nd period on April 10th, and 3rd period on April 17th. Mental Health counselors and school counselors will be made available for any students who may be triggered or need to debrief about any of the material. Lessons will rotate classes as not to impede on the instructional time of one particular subject.

If you have any questions about the lessons, please feel free to contact me at Seabreeze High School. We highly recommend that all students participate in this important lesson. However, if you do not want your student to participate, please complete and sign the bottom portion of the opt out form and have your student return it to the Student Resources office (Building 2) indicating your decision to opt out.

Sincerely,

Aaron Goldstone
Teacher on Assignment – Dean
asgoldst@volusia.k12.fl.us
(386) 258-4674 ext. 54707

IF YOU “DO NOT” WANT YOUR TEEN TO PARTICIPATE IN THE PROGRAM LESSONS, COMPLETE THE FOLLOWING FORM & RETURN THE FORM TO THEIR SCHOOL (Student Resources, Building 2).

I understand returning this form means **I DO NOT WANT MY TEEN TO PARTICIPATE** in the district instruction on Mental and Emotional Health Education, Substance Use and Abuse Health Education, and Child Trafficking/Safety Prevention Education.

I UNDERSTAND THEY WILL NOT RECEIVE THE IMPORTANT INFORMATION contained in the program.

Student’s Name: _____ Grade: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____


