

Dear Parent(s)/Guardian(s),

The Early Warning System team in your child’s school has referred your child for a free and confidential behavioral health screening. The purpose of the screening is to assess and identify areas that may be interfering with your child’s progress in school and to offer recommendations. A trained clinician will meet with your child to conduct the screening. The screening will consist of an interview with your child, along with several brief surveys in which your child will answer questions concerning his/her experiences. Your child’s privacy will be maintained with the exception of concerns about his or her safety or the safety of others. The interview and screening will be brief and can occur in your child’s school or another location that would be agreeable to you and the screener. Scores and recommendations based on the screening will be shared with you, your child, and the Early Warning System team. One possible outcome of the behavioral health screening would be a referral for a more comprehensive evaluation. If this were to be necessary, the screener would assist you with referral information.

Please return this form to the school office as soon as possible. Your child’s screening will be scheduled upon receipt. If you have any questions, however, please call Ginger Kupka from Alta Behavioral Healthcare at (330) 793-2487.

Please check one:

\_\_\_\_\_ I agree to have my child complete the The Early Warning System Behavioral Health Screen

\_\_\_\_\_ I do NOT wish to have my child complete The Early Warning System Behavioral Health Screen

Child’s Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian’s Name (Print): \_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For follow-up purposes, please provide the following information:

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email: \_\_\_\_\_