

# Green Bay Area Public School District Student Mental Health Screening Opt-Out Form

(Complete one form for each child in your family, **ONLY if you wish to Opt-Out**. For questions please call the District's Student Service Department at 920-448-7377)



Student's Legal Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

A child's positive well-being contributes to their ability to achieve maximum educational and social-emotional outcomes. Understanding the importance of mental health, Green Bay Area Public School District will administer screening tools to promote early identification and intervention to support student well-being. Screening is a process for identifying students at risk of developing mental and behavioral challenges. The goal of screening is to generate new and useful information so that students can be better served in interventions that prevent or mitigate mental health challenges and promote resiliency. The screening tools are not meant to result in a diagnosis. Participation in screening is completely voluntary and confidential. If there is a potential concern based on scoring criteria of the tool, school personnel will partner with parents to discuss results and develop a follow-up plan including linkage with community resources as deemed appropriate. Three different screening tools will be utilized as outlined below:

- As part of the suicide prevention program delivered within the health classroom, the **Brief Screen for Adolescent Depression (BSAD)** is a self-survey to screen for depression and suicide risk.
- As determined as beneficial for linkage with appropriate resources/level of support, the **Strengths and Difficulty Questionnaire (SDQ)** will be administered with students who are already receiving support from student services personnel.
- For those students presenting with a safety concern, the **Columbia-Suicide Severity Rating Scale (C-SSRS)** will be administered to evaluate level of risk.
- Per Policy 443.4, students with an alcohol/drug violation will receive support utilizing an evidenced based program that includes a screener which incorporates the **CRAFFT (Car, Relax, Forget, Friends, Trouble)**.

Students are not required to participate in the confidential screening. Parents/guardians who wish not to have their student participate in the District's mental health screening must complete the form below and return it to your child's school office by September 10, 2024, or within fourteen days following your child's enrollment in the District, whichever is later. If you choose to opt out below, it will only apply for the 2024-25 school year or until the District issues the subsequent opt out form, whichever is later.

**Please return this form ONLY if you DO NOT want your child to participate in any mental health screening efforts. If this form is not completed, it will be considered that you are allowing your student to participate in the District's mental health screening efforts.**

## **Choose the option below if you do not want your child to participate in mental health screening**

\_\_\_\_\_ **Choice MHS-All.** I **DO NOT** give permission to the District to administer ANY Mental Health Screenings to my child.

\_\_\_\_\_ **Choice MHS-A.** I **DO NOT** give permission to the District to administer the Brief Screen for Adolescent Depression (BSAD) to my child.

\_\_\_\_\_ **Choice MHS-B.** I **DO NOT** give permission to the District to administer the Strengths and Difficulty Questionnaire (SDQ) to my child.

\_\_\_\_\_ **Choice MHS-C.** I **DO NOT** give permission to the District to administer the Columbia Suicide Severity Rating Scale (C-SSRS) to my child.

\_\_\_\_\_ **Choice MHS-D.** I **DO NOT** give permission to the District to administer the Car, Relax, Forget, Friends Trouble (CRAFFT)

**Stop! Do not sign below unless you have read and understand the selection made above.**

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_