

Your Logo Here

**YOUR NAME HERE**  
Your School or Department Here

## PREVENTION SERVICES INFO AND OPT-OUT FORM

2024-2025 School Year

Dear Parent/Guardian,

[School District Name] partners with Bellefaire JCB for mental and behavioral health prevention services. Professionals from Bellefaire JCB work closely with [School] administration and educators to support our students and school community.

Some of the topics that *may* be covered in the prevention services include:

- Social-emotional and communication skills
- Stress management, anger management, and problem solving
- Response to a recent difficult event, such as a death
- Information about mental and behavioral health
- Referral and linkage to ongoing services

Some ways that prevention services *may* look in [School District Name] schools:

- Providing one-time guidance to an individual student who has experienced a difficult event or is reporting an immediate need (often referred to as "consultation")
- A classroom presentation
- Smaller group participation with peers
- Supporting students after a school community experiences a loss

Prevention services are *not* medical treatment, counseling, or therapy. If your student is in need of additional support we will contact you to discuss it further. You can also request a referral for ongoing services for your student by contacting [School point person and phone number].

If you **DO NOT** wish for your child to be eligible to participate in these prevention services, please return the bottom portion of this page to the [School] office. If you need further information or have questions, please call [contact name above] at the number above.

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### PREVENTION SERVICES OPT-OUT

- I **DO NOT** wish for my student, \_\_\_\_\_, to be eligible for participation in [Agency name] prevention services at Bellefaire JCB during the 2024-2025 school year.

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

Date: \_\_\_\_\_

*Attention School Office: Please forward this form to [school point person]*