

Date: __1/7/2025_____

Dear Parents of __**J.Q. Adams Middle School**

Ms. Campos/Ms. Kammer, the school Counselor/Social Worker will be presenting a lesson on Child Abuse and Neglect Prevention on __**1/16/2025**__. The objective of the presentation will be in accordance with the law: *LA. R. S 17:81- Requires age and grade appropriate classroom instruction on what constitutes child abuse and assault and how students may safely and confidentially report same to school officials.*

This program will help to educate our students about the four types of abuse and how to report such interactions. They will be informed of ways to protect themselves and learn how to recognize inappropriate or high-risk situations. We all want our children to feel safe and protected, and this program is one way to promote open communication between children and trusted adults.

If, for any reason, you do not wish for your child to participate in this program, sign below and return the bottom portion to your child's teacher.

You can contact Katharine Campos at (504)_887-5240, the school's Mental Health Professional, if you have any questions.

YOU ONLY HAVE TO RETURN THIS FORM IF YOU

DO NOT

WANT YOUR CHILD TO PARTICIPATE IN THIS LESSON.

Sincerely,

Christopher Oufnac

Principal

No, I do not want my child to participate in the Child Abuse and Neglect Prevention Program.

Student's Name _____ Grade _____

School _____ Teacher _____

Parent Signature _____ Date _____