



Morgan County Schools
235 Highway 67 S.
Decatur, AL 35603
256.309.2128

Annual Notification Regarding School-provided or Sponsored Mental Health Services

Mental Health Services

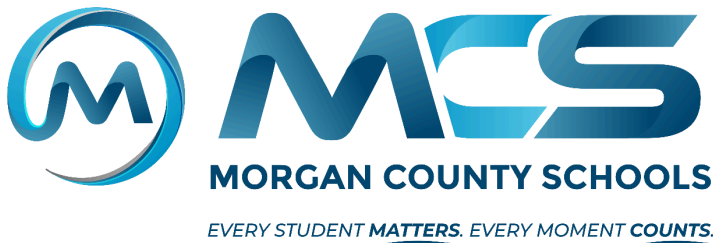
The school system provides or sponsors the following mental health services:

1. **Large group guidance:** includes a school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance:** includes a small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring:** Peer Helpers, Big Brothers/Big Sisters and/or Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys:** includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention:** short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health:** On-going counseling services by school professionals or private practitioners in the school setting.

Review of Materials

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal.

Mrs. Tracie Turrentine, Superintendent



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Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services

Under Alabama law, no student under the age of fourteen may participate in ongoing school-based mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. If you would like the school system to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

Parents of students with disabilities: Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or 504 plan. Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.

If you have questions or concerns, please contact the District Office of Mental Health at 256.309.2128.

Thank you.

Matt Adams
Director of Secondary Education and Mental Health
Morgan County Schools

Mrs. Tracie Turrentine, Superintendent



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OPT-IN FOR MENTAL HEALTH SERVICES

Part I: As of the date of my signature below, my child, _____ is under the age of 14 years old:

- Yes [Please continue to the next section.]
- No [Stop here]

Part II: I hereby give permission for my child to participate in the following mental health services provided by Morgan County Schools which may not fall under our typical school counseling services:

- **Mentoring:** Peer Helpers, Big Brothers/Big Sisters, and/or Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
- **School-based Mental Health:** On-going counseling services by school professionals or private practitioners in the school setting. Where appropriate, parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

You may rescind permission for a student to participate in mental health services at any time by providing written notice to school and/or district administration.

Parent/Guardian Name

Phone Number

Parent/Guardian Signature

Date

Mrs. Tracie Turrentine, Superintendent