



To: Parent/Guardian
From: Principal, _____
Date: _____
Re: Opt-out Consent for Teacher-completed SAEBRS

Guilford County Schools is committed to providing quality education to its students. In an effort to achieve this goal, teachers at your child’s school will be using SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) this school year as part of FastBridge’s universal screening platform. The SAEBRS screener is completed by the teacher and does not require your child to do anything. This screener does not impact students’ grades.

Explanation of Screener

SAEBRS is a norm-referenced tool that helps identify students that may be at-risk for social-emotional or wellness challenges. SAEBRS helps measure the effectiveness of school-wide SEL efforts, and the data helps educators select SEL curriculum matched to students’ needs and identify students who may need additional social-emotional supports to succeed. For more information on SAEBRS, visit www.renaissance.com/fastbridge/fastbridge-seb/. If you would like to review the full text of the screeners, please visit or contact the school office within the next ten days.

Confidentiality

Any records specific to your child related to these screeners will be kept confidential as part of your child’s educational record, with some possible health and safety exceptions. As parent/guardian, you may request and receive this information (except in limited circumstances).

Informed Consent

As the parent or legal guardian, you have the option to opt-out of this screener for your child. This consent does not include consent for providing services to your child. Should the school recommend services for your child, a separate written consent will be required before services are provided. Opting out of SAEBRS does not exclude your child from the possibility of receiving services.

Parent/Guardian, if you choose to **Opt-Out**, check the line below, sign and return to the school by _____ (date).

YES: If you agree for the teacher to complete this SEL screener, you do not need to do anything.

_____ **NO, I do not give permission** for my child’sGCS teacher(s) to complete SAEBRS screening tool. I understand that I may provide informed consent at any time.

Student’s Full Name (Print Name)

Student ID#, if known

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Date _____