LAKEWOOD PUBLIC SCHOOL DISTRICT

CONSENT FOR DEPRESSION & ANXIETY SCREENING

The Lakewood School District understands the importance of depression and anxiety screening in grades 6-12. Some information about the screening:

- Students complete a brief electronic questionnaire about their health, feelings and behaviors.
- Students learn to talk about their health, which is a valuable life-long skill.
- Students results on the screening are not shared with staff members or stored with academic records
- Parents or guardians are only contacted if the screening reveals concern regarding your child's health.

Every student in grades 6-12 will have the opportunity to participate in monthly depression & anxiety screenings; however, parental consent is required. Please initial one of the following:

_____ I **WOULD** like my child to be screened for depression and anxiety.

_____ I **DO NOT WANT** my child to be screened for depression and/or anxiety.

_____ I **would like more information** on the screening before I make my decision and would like to have a school counselor call me.

Student's Last Name (Print): _____

Student's First Name (Print): _____

Student's ID Number: _____ Date of Birth: _____

Parent/Guardian name (Print): _____

Best Parent/Guardian Phone Number: _____

_____ _____

Signature of Parent/Guardian Date

(Please return to the Main Office of your child's School.)