

Dear Parents,

As parents you are well aware that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships with family members and friends, and lead productive and happy lives. Your students school is committed to working with you not only to educate your children, but also to ensure that they reach their full potential outside of the classroom. To that end, we are offering parents of students grades 7-12 the opportunity to have their teens participate in a wellness check-up called TeenScreen. TeenScreen is a nationally-recognized program developed by Columbia University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free and completely voluntary and confidential.

The teen years are a time of tremendous change. TeenScreen can help parents better understand the changes their teens are experiencing. No matter what the results of your teen's screening are, the program will provide you with important information. For most parents, this screening will reassure you that your teen is just experiencing typical "growing pains." For other parents, TeenScreen can help you pinpoint a problem in its early stages, giving you the ability to secure needed help for your teen and reduce the chance that a more significant problem will develop in the future.

I hope you will take advantage of this confidential check-up. Please read the information below and in the attached "Common Questions and Answers about TeenScreen," and then sign and return the Parent Consent Form on the next page to indicate whether you want your teen to participate.

How Does TeenScreen Work?

Family Resource Centers will be in charge of the program. It will take place during school hours in a private setting at the school. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers. There are three steps to the screening procedure:

Step One: Teens complete a 10-minute questionnaire about physical health, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a potential problem and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they probably do not need help meet briefly with other program staff to answer any questions they may have about the program and to give them the opportunity to ask for help with any other concerns the screening did not cover.

Step Three: You will be contacted by program staff only if your teen meets with a mental health professional and the professional recommends further evaluation for your teen. If this is the case, program staff will share the overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional services.

Your students school provides this screening at no cost, but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen.

Please do not hesitate to call Alicia Cook, Coordinator at (419) 679-1219 if you have any questions. You may also find information about the TeenScreen Program at www.teenscreen.org.

TeenScreen Parent Consent Form

Please return this form for your teen to participate in the screening. Please have your child deliver this form by: 9-20-19

I have read and understand the description of the TeenScreen Program offered.

I would like my child to participate in the TeenScreen Program

I do not want my child to participate in the TeenScreen Program

Parent/Legal Guardian's Name (Print): _____

Student's Name (Print): _____ Grade: _____

Parent/Legal Guardian's Signature: _____

Date: _____

If your child will be participating, please provide the following information so we can contact you if necessary:

Address: _____ Home Phone #: _____
_____ Cell Phone #: _____

E-mail Address: _____

Best times to reach you:

1) _____ Tel.#: _____

2) _____ Tel.#: _____