

Dear Parent(s)/Guardian(s),

The Early Warning System team in your child’s school has referred your child for a free and confidential behavioral health screening. The purpose of the screening is to assess and identify areas that may be interfering with your child’s progress in school and to offer recommendations. With your consent and completion of the enclosed Parent Survey, a trained clinician will then facilitate similar Teacher Surveys. Additionally, the clinician will conduct a brief screening with your child in the school or another location that would be agreeable to you and the screener. The screening will consist of an interview with your child, along with a brief survey in which your child will answer questions concerning his/her experiences. Your child’s privacy will be maintained with the exception of concerns about his or her safety or the safety of others. Scores and recommendations based on the screening will be shared with you, your child, and the Early Warning System team. One possible outcome of the behavioral health screening would be a referral for a more comprehensive evaluation. If this were to be necessary, the screener would assist you with referral information.

Please return this form and the enclosed Parent Survey to the school office as soon as possible. Your child’s screening will be scheduled upon receipt. If you have any questions, however, please call Ginger Kupka from Alta Behavioral Healthcare at (330) 793-2487.

Please check one:

- I agree to have my child participate in the Early Warning System Behavioral Health Screen process
- I do NOT wish to have my child participate in the Early Warning System Behavioral Health Screen process

Child’s Name (Print): _____ Grade: _____

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

Parent/Legal Guardian’s Signature: _____ Date: _____

Child’s Signature: _____ Date: _____

For follow-up purposes, please provide the following information:

Address: _____ Cell Phone #: _____

_____ Other Phone #: _____

Email: _____