

## Connected Community Wellness Screen Parent Consent Letter

Dear 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 school district 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 ninth grade students the opportunity to have their teens participate in an emotional wellness check-up called Connected Community Wellness Screen, which uses a nationally-recognized screening tool. The screening program is free and completely voluntary and confidential.

The teen years are a time of tremendous change. Connected Community Wellness Screen 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 the typical "roller coaster" of emotions. For other parents, Connected Community Wellness Screen 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 Connected Community Wellness Screen" and then sign and return the Parent Consent Form on the next page to indicate whether you want your teen to participate.

### **How Does Wellness Screen Work?**

The Program Coordinator of Connected Community Wellness Screen 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 vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking and behavior, attentional problems and disruptive 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 member of our clinical screening staff. 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 mental health services. If a vision, hearing or dental need is identified during the screening process, program staff will share this information with the school nurse.

(School District) 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 **Jen Parsons at 920-886- 9319 ext. 109** if you have any questions. You may also find information about the Connected Community Wellness Screen program at <http://www.samaritan-counseling.com>.

Sincerely,  
(Principal)

## **Common Questions and Answers about Connected Community Wellness Screen (CCWS)**

### **Are CCWS results confidential?**

Yes, screening is confidential. In order to protect your child's privacy, his/her screening results and related files will be stored separately from his/her academic records. School staff will not be involved in the screening procedure. If program staff believes that your child is in some danger or is a danger to others, they are mandated by law to take action and notify appropriate personnel and/or necessary authorities.

### **What information will be shared with my child during the screening process?**

Upon completing the questionnaire the students meet privately with program staff to: discuss any thoughts or concerns that came up for the teens while completing the screen that they would like to discuss; the staff explores with the teen resources they have that they could go to for help if needed; and to obtain their feedback about the screening experience. Teens whose answers to the screening questionnaire reveal potential concerns about their emotional well-being will meet privately with a health professional. The teen and health professional explore symptoms that came to light through the questionnaire, find out how the symptoms are impacting the teen's life and, if so, determine whether he/ she might benefit from a more complete evaluation by a mental health or medical professional at a later date. At the end of the private meeting, if the health professional has determined that a teen might benefit from such an evaluation, the teen will be told that his/ her parent(s) will be contacted to discuss a recommendation for follow-up.

### **What if I provide consent, but my child doesn't want to participate?**

Because we believe screening should be completely voluntary, your child may refuse to participate or refuse to answer any questions during the screening. We will follow up with the parents and inform you if your child chooses not to participate or is absent on the day of the screening. You and your child can decide to participate at a later date as well.

### **Does CCWS recommend treatment?**

The Connected Community Wellness Screen Program and staff do not make any treatment recommendations. All possible treatment decisions are made by families in close consultation with a health professional of your choice after the recommendation for the further evaluation. Treatment recommendations are beyond the scope of the CCWS.

### **How accurate is the screening questionnaire?**

The Pediatric Symptom Checklist-Youth Self-Report (PSC-Y) was developed by Massachusetts General Hospital and research has concluded that it is effective in identifying youth with possible emotional wellness impairment. However, the questionnaire results are not a medical diagnosis. Medical diagnoses are beyond the scope of the screening program.

### **Can I see the questionnaire?**

Yes. If you wish to review the CCWS questionnaire, the assent form your child will be asked to sign prior to his/her participation in the program, or any instructional materials related to the screening, please do not hesitate to contact **Jen Parsons at 920-886-9319 ext. 109**, who will gladly assist you.

### **Where does CCSW get its support?**

The program is supported by local community foundations. It is operated as a nonprofit public service and accepts individual donations to help offset the cost of screening services to local communities. The program receives no funding from pharmaceutical companies.



## Parent Consent Form

Please return this form **within 2 weeks** to let us know whether you want your teen to participate in the screening. You may mail this form to the address below or have your child deliver it to the school office:

Jen Parsons, Program Coordinator  
1478 Kenwood Dr. Ste. 1  
Menasha, WI 54952

I have read the description of the Connected Community Wellness Screen (CCWS) program and understand that: 1) it is confidential and voluntary; 2) CCWS does not diagnose or recommend any particular type of treatment; 3) the PSC-Y is a tool which helps identify emotional wellness impairment and that the school district and the Wellness Screen Program cannot guarantee the PSC-Y will always identify every emotional wellness impairment.

\_\_\_ I would like my child to participate in the Connected Community Wellness Screen Program

\_\_\_ I do not want my child to participate in the Connected Community Wellness Screen Program

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ School your student attends: \_\_\_\_\_

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: \_\_\_\_\_ \*I would like to receive the Wellness Newsletter \_\_\_\_\_

Best times to reach you:

1) \_\_\_\_\_ Tel.#: \_\_\_\_\_  
2) \_\_\_\_\_ Tel.#: \_\_\_\_\_