Consent for Behavioral Health Screening
(For Students Age 11 and Older)

Student Name: _____ Student ID: _____ School: _____ Grade: _____

Date: _____

Dear Parents/Guardians:

Rockdale County Public Schools wants all of our students to be successful in school. Toward that goal, we have in place a student support program that provides a variety of individual and/or group services to help students with issues that may be impacting their success.

The first step in connecting your child with the appropriate services is a brief Behavioral Health Screening. The Behavioral Health Screening, conducted by an RCPS Prevention and Intervention Specialist (P&I Specialist), helps determine what needs your child might have. Based on the results of the screening, the P&I Specialist, other support staff, and you will decide how to link him or her to resources that can help with addressing those needs. The P&I Specialist will review the results with you once the screening has been completed. The P&I Specialist assigned to your school is _____ *(Name/Phone/E-mail)*

Reason for Behavioral Health Screening. (Check all that apply)

☐ Sudden behavior changes	☐ Unruly, disruptive behavior	☐ Emotional issues
☐ Drug/alcohol use	☐ Family or life changes	☐ Discipline referrals
☐ Academic problems	☐ Truancy	☐ Other
☐ Transitioning from another placement or school		

Parent/Guardian comments:

Parent/Guardian Consent for Screening

____	I *give* my permission to the Rockdale County Public Schools to administer a Behavioral Health Screening* to my child.
____	I *do not* give permission to the Rockdale County Public Schools to administer a Behavioral Health Screening* to my child.

Parent/Guardian Signature

By my signature below, I verify that I am, in fact, the current legal guardian for the above-named child.

Parent/Guardian signature_____
Date:_____

If you have any questions or concerns, please contact: _____ *(Name/Phone/E-mail)*

Return completed form to contact listed above.

**The de-identifiable responses to the screening instrument are recorded using a web-based application provided by Chestnut Health Systems, Normal, Illinois, that allow for interactive administration to generate detailed clinical reports and summaries immediately upon completing an assessment. The computer applications are written in the GAIN ABS to address HIPAA security concerns.*