

Weber School District
Mental Health Screening Parent Consent Form

Student Name: _____ Student School: _____

Student Date of Birth: _____ Today's Date: _____

Dear Parent,

Thank you for participating in Weber School District's Mental Health Screening! We hope that this will be a worthwhile experience for you, and for your student. Due to the fact that this service is directly tied to the mental health of your student, there are a few points which need to be brought to your attention:

1. This screening tool looks at the following areas: Anxiety, Depression, Suicidal Ideation, Anger, Mania, Somatic Symptoms, Psychosis, Sleep Problems, Memory, Repetitive Thoughts and Behaviors, Dissociation, Personality Functioning, and Substance Use.
2. Each question in the mental health screening tool will ask about how much, or how often your student has experienced a specific symptom during the last two weeks.
3. Upon completing the mental health screening tool, a Mental Health Specialist will score the tool, and will then meet with you and your student to go over the results. If possible area(s) of concern are identified on the screening tool, a list of community resources will be provided, and handouts for anxiety, depression, and suicidal ideation will also be made available.
4. Also, if a possible concern is identified, then an additional screening and/or assessment may be recommended by the Mental Health Specialist. This higher level of screening/assessment can be provided by any licensed mental health professional.
5. In accordance with Utah Law R277-625-4, we are required to inform you that all data collected in this Mental Health Screener will be stored by the Providence Behavior Management System (the mental health record management system for Weber School District), and only Mental Health Specialists employed by Weber School District will have access to the results from this screening tool.

Please initial next to the following, indicating that you understand the limitations and definitions of the mental health screening tool. **By typing your initials and signature below, you give consent via authorized electronic signature:**

_____ I acknowledge that, similar to medical tests, sometimes screening tools may miss problems, or suggest a problem when one may not exist

_____ I understand that this screening is not intended, or designed, to "diagnose" my student, but simply to identify possible risk factors which may interfere with my student's ability to learn in school, and to thrive in life.

_____ I acknowledge that, although the Mental Health Specialist for my student's school is able to provide additional mental health screenings and/or assessments, the Mental Health Specialist may not be immediately available to provide this service. For this reason, it may be necessary to seek out services from a mental health provider in the community.

Parent Name: _____ Parent Signature: _____

Email Address: _____ Telephone Number: _____