



Dear 6th Grade Parents/Guardians,

At Hempfield School District, our goal is to provide holistic care for all students. We believe that physical health is influenced by emotional health. Therefore, we want to partner with you to gain a better understanding of your child's emotional well-being and social behaviors. This will give us a well-rounded view of his or her overall health and development. Early identification of behavioral health concerns has been demonstrated to promote better outcomes to student health and success through early intervention and treatment.

Our Screening Opportunity

All of the 6th grade students in the Hempfield School District are being offered the opportunity to use the Behavioral Health Screening Tool, developed at the Children's Hospital of Philadelphia. This computer-based survey asks your child several questions about feelings, behaviors, relationships, school, and safety. Your child's answers will be reviewed by a school psychologist, a school counselor and/or a licensed social worker. The school professional may also review the results with you, if he or she feels your child is in need of support or behavioral health services. If help is needed, recommendations for how and where you can get some help for your child will be discussed with you. Youth rarely seek out services on their own; sometimes they need our help!

Respecting Privacy

Students have 10-15 minutes to privately answer survey questions on the computer. We find this helps them respond more honestly. Your child is told that this information will be kept confidential and will only be shared with parents or guardians if a student is identified as being at potential serious risk of harm.

We strongly believe that students need parents to support and protect them, even though they often tell you they do not. Therefore, when appropriate, we encourage students to share important information with their parents. You can be confident that our skilled and compassionate school professionals will try to guide your son/daughter toward healthy and safe choices.



HANDOUT FOR PARENTS REGARDING BEHAVIORAL HEALTH SCREENING

- **We believe that physical health is influenced by emotional health. Therefore, we want to partner with you to gain a better understanding of your son's or daughter's emotional well-being and social behaviors.**
- **Early identification of behavioral health concerns has been demonstrated to promote better outcomes to student health and success through early intervention and treatment.**
- **We are now using the computer-based Behavioral Health Screening survey.**
- **This survey asks the student questions about feelings, behaviors, relationships, school, and safety.**
- **Either the school psychologist, school counselor, or licensed social worker will review these answers with your son/daughter, if necessary.**
- **The school professional may also review the results with you upon request, or if he or/she feels your son/daughter is in need of support or behavioral health services.**
- **We give students 10-15 minutes to privately answer survey questions on the computer. We find this helps students respond more honestly.**



Behavioral Health Screening Parent Consent Form

Please return this form to school by **Friday, October 9th**, to let us know whether you want your child to participate in the screening.

I have read and understand the description of the Behavioral Health Screening Tool and:

_____ I **would like** my child to participate in the Behavioral Health Screening program.
(If my child is a virtual learner, the School Counselor will contact me to schedule a time for my child to come in to school to complete the Behavioral Health Screener.)

_____ I **do not want** my child to participate in the Behavioral Health Screening program.

Student's Name (Print): _____

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

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. _____ Preferred method of contact: _____

2. _____ Preferred method of contact: _____