



**Behavioral Health Screening - Parent Consent Form**

Please return this form by **October 22**, to let us know that you want your child to participate in the screening. You may mail this form to the address noted below or have your child deliver it to:

**Landisville Middle School  
Counseling Office  
Landisville, PA**

I have read and understand the description of the Behavioral Health Screen offered at Hempfield School District on or about **October 22**.

**My Child is:    In-Person    Virtual**

\_\_\_\_\_ I would like my child to participate in the Behavioral Health Screening program.

\_\_\_\_\_ I do not want my child to participate in the Behavioral Health Screening program.

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

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

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

Student 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). \_\_\_\_\_ Tel. # : \_\_\_\_\_

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



Dear Parents/Guardians:

The physical and mental health of young people plays a key role in their ability to succeed in school. Hempfield School District is committed to working with you, not only in the academic education of your child, but also to ensure that students reach their full potential in and out of the classroom.

It is in this spirit that we are offering parents of Landisville Middle School students the opportunity to have their youth participate in a social-emotional screening. The Behavioral Health Screen is a validated program developed by Children's Hospital of Philadelphia to identify risk for suicide and other mental health concerns. The program is free, completely voluntary, and confidential.

It is our hope that the screening will reassure you that your teenager is just experiencing typical "growing pains." However, the Behavioral Health Screen may pinpoint a concern in the early stages, offering you the ability to secure additional assistance for your child, if you should so desire.

With your permission, your middle school student will participate in the screening. All screening results will be kept confidential, stored separately from academic records, and will not be shared with our teaching staff. There are four steps to the screening procedure after parent permission is granted:

**Step 1:** Students will complete a 10-minute, computer-based questionnaire answering questions that focus on the following topics: depression, anxiety, thinking and behavior, and the use of drugs and alcohol.

**Step 2:** Students whose answers indicate they are likely **not** in need of additional assistance will briefly meet with program staff of Hempfield School District to answer any questions they may have about the screening.

**Step 3:** Students whose answers reveal a potential concern will individually meet with a trained mental health professional from Hempfield School District, who will conduct a brief mental health assessment to determine if further evaluation would be recommended.

**Step 4:** Program staff from Hempfield School District will contact you if your child meets with a mental health professional, as well as discuss professional recommendations for further evaluation of your child.

Hempfield School District provides the 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 child. Please see the enclosed permission slip – *Behavior Health Screening Parent Consent Form*, if you'd like your child to benefit from this opportunity.

Please do not hesitate to call Ms. Deb Krantz, School Health Services Department Coordinator, at 898-5500 if you have any questions.

Sincerely,

Dr. Tab Musser  
Assistant Superintendent