



Date: _____
Dear Parent(s)/Guardian(s):

It is sometimes helpful for staff working with your child at school to gather information about social and emotional well-being. This information can help to make decisions on next steps that might be helpful to support a student's learning and success at school. These results can also be compared to later information in order to determine if your child's emotional or social skills and health have changed over time given the supports that are established at school.

The tool(s) we will use to gather this information is (are) for your child, _____, are checked below:

- Self-Report for Childhood Anxiety Related Disorders (SCARED)
- Center for Epidemiological Studies Depression Scale for Children (CES-DC)
- NICHQ Vanderbilt Assessment Scales
- Strength and Difficulties Questionnaire (SDQ)
- Global Appraiser of Individual Needs –Short Screener (GAIN-SS)

The results obtained from the use of these tools are intended for screening and monitoring purposes only. Results will not be used to make any diagnoses for children or to determine placement in any specialized program(s). Results will be shared with you as the team discusses classroom information and next steps. If a student shares concerns about the use of alcohol or other drugs with a school counselor, school nurse, school psychologist, or social worker, these professionals are required by state law to keep this information confidential, unless there is an emergency.

These tools typically come in parent report form, teacher report form, and/or student report form. All versions take about 10 minutes to complete.

We need your written consent to gather this information. Please check the appropriate line below and sign the form. Please return this consent to (NAME)_____. If you have additional questions, please call (NAME)_____ at the following number_____.

Thank you so much for your involvement.

-
- YES – My child is able to participate in this social/emotional screening
 - NO – I DO NOT want my child to participate in this social/emotional screening
 - I have questions; please call me at _____.

Student's Name (Please Print)_____

Parent/Guardian's Name (Please Print)_____

Parent/Guardian signature_____ Date:_____