

Date: 09/13/2023

Dear APS Parents / Guardians,

This year school staff are working to teach students about mental health and how to seek help if they are worried about themselves or a friend. We are using a program called *Signs of Suicide (SOS)*. SOS has been used by thousands of schools for over 20 years. The program teaches students about this difficult topic and encourages them to seek help.

The program will be piloted during the month of September in 7th and 10 grades. Through the program, students learn:

- that depression is treatable, so they are encouraged to seek help
- how to identify depression and potential suicide risk in themselves or a friend
- to ACT (Acknowledge, Care and Tell a trusted adult) if concerned about themselves/friends
- who they can turn to at school for help


Students will watch age-appropriate video clips and participate in a guided discussion about depression, suicide, and what to do if they are concerned about a friend. Following the video, students will complete a brief depression screening form. This form cannot provide a diagnosis of depression but does indicate whether they should seek help from a mental health professional.

At the end of class, students will complete an exit slip which asks if they would like to talk to an adult about any concerns. School staff will conduct brief meetings with any student asking to talk.

No action is required if you agree with your student's participation in the Signs of Suicide program. If you would prefer that your student NOT participate in this program, please complete and sign the portion below to opt-out of the program, and return this form to (Mrs. Marshall), (School Social Worker) by September 15, 2023.

If you would like more information, please visit www.mindwise.org/parents to learn more about warning signs for youth suicide, useful resources, and key messages students will learn.

Sincerely,


(Kimberly Gibbs)

I have read the above statement and request that my child OPT-OUT of the Signs of Suicide program for the 2023-2024 SY. I understand that by signing this form, my student WILL NOT be included in Signs of Suicide, which is identified to teach students about mental health and how to seek help.

Student's Name (print) _____

Parent/Guardian's Signature _____ Date _____



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