

PARENT / LEGAL GUARDIAN INFORMED CONSENT FORM FOR STUDENT SOCIAL AND EMOTIONAL WELL-BEING SCREENING

Dear Parents / Guardians,

Park High School and Sleeping Giant Middle School are pleased to offer families the opportunity to have their students participate in confidential, computerized screening for social and emotional health and well-being. Here is some brief information:

- Participation in the social and emotional health screening is encouraged, but voluntary. Even if a parent or guardian signs the consent, students can ask to stop testing at any time.
- Several groups of Park High School students participated in pilot screenings. They and their parents and guardians provided helpful feedback about what went well and what could go better.
- Much like our other health and dental screenings, this social and emotional health screening will be managed by our school nurses with assistance from local health care and mental health professionals.
- The screening measures learning as well as health. Information gathered from the screening will be used to measure the effectiveness of the school's Social and Emotional Learning (SEL) program. SEL programs are used to teach students how to maintain energy, vitality, happiness, pride, healthy relationships, and resilience, even when they face adversity.
- The screening can also be used to identify some students who need additional social and emotional learning supports at school or in the community. Many extra SEL supports are now available for free at school, provided by trained, licensed professionals. The school will contact parents or guardians to obtain consent for the student to receive such services.
- Screening may identify a small percentage of students who are struggling with urgent, difficult issues such as suicidality, but who have not said anything or shown outward signs. In those few cases, the school will attempt to immediately contact parents or guardians and will continue that effort until successful, and will also immediately alert an interagency team of professionals trained to support a student in emotional health crisis, even if parents or guardians cannot be reached.
- Screening is safe and effective. It detects social and emotional health issues, but does not cause them. Past participants in computerized social and emotional health screenings report appreciating that they were asked the questions.
- The computerized tool uses a branching survey, so the screening is more accurate and takes less time to complete than do paper versions. Most students will finish the screening in under 15 minutes.
- Every effort will be made to protect students' privacy. Students will be issued an alpha-numeric code that they will use when they login to the survey. Only the school nurses will have access to those codes, and personally-identifiable results will be shared only with the student and parents or guardians except as allowed by parents or guardians on this consent form.
- The consent form is for the school year, as the screening will be given periodically.
- The school will follow up with parents and guardians and students to find out how the screening went and what can go better. The school hopes to make the social and emotional health screening one of the standard health screenings offered each year, and continues to invite parent and community partnership in the development of the screening program.

For more detailed information about the project, please see the Parent and Caregiver Letter, attached or available at www.livingston.k12.mt.us or by calling the high school nurse or principal at 406 222 0448, or the Director of School-Based Mental and Behavioral Health, Todd Wester, at 406 222 0861.

I agree to my child's participation in the MERET Solutions social and emotional well-being health screening during the 2021-2022 school year.

Printed Full Name of Student	
Parent or Guardian Signature	
Signature Date	
Please Print or Type Your Name (Only One Parent or Guardian Needs to Sign)	

Some students may already work with a therapist, counselor, or physician, or the family or guardian may have a trusted one. If screening indicates my child would benefit from follow-up care, I give the school permission to share my child's screening result with the following providers (please check the boxes for all that apply, see the example):

√	Provider	Name of Preferred Physician / Counselor / Provider
√	<i>Example Agency</i>	<i>Dr. Example Practitioner</i>
	Ranger Clinic	
	School Counselor	
	L'esprit Behavioral Health Center	
	Livingston HealthCare	
	Community Health Partners	
	Private-Practice Counselor Name & Phone	
	Other Provider: Agency or Organization Name & Phone of Physician / Counselor / Provider	
	No Provider at this Time	N/A