

## Connected Community Wellness Screen Parent Consent Letter

Dear Parent(s)/Guardian(s),

The Appleton Area School District (AASD) partners with you and the community to educate your children and ensure that they reach their full potential. We recognize that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships, and lead productive and happy lives. The AASD offers an opportunity for your teen(s) to participate in a free, voluntary and confidential emotional wellness check-up for all 9<sup>th</sup> grade students utilizing the Pediatric Symptom Checklist – Youth Self-Report (PSC-Y), a nationally recognized screening tool. This screening is also available to 7<sup>th</sup> and 8<sup>th</sup> grade students on a parent referral basis.

### How Does the CCWS Work?

The screening will take place at school during school hours in a private setting. Your teen will not be screened without your permission (see enclosed Parent Consent Form). The teen must also provide consent at the time of the screening. All screening results will be kept confidential, stored separately from academic records, and will not be shared with teachers. There are 3 steps in the screening process:

- **Step 1:** Teens complete a 10 minute questionnaire regarding vision, hearing and dental issues, symptoms of depression and anxiety, suicidal thinking and behavior, attentional problems and disruptive behavior, and use of drugs and alcohol.
- **Step 2:** Teens whose answers reveal a potential problem and/or who ask for help will meet privately with a trained mental health professional to determine if further evaluation would be helpful. Teens whose answers show they do not need help meet briefly with other program staff to answer questions about the program and give them the opportunity to ask for help with any other concerns the screening did not cover.
- **Step 3:** Parent(s)/Guardian(s) will be contacted **only** if teens meet with a member of the clinical screening staff. If this is the case, program staff will share the overall results with you and discuss ways you can get help for your teen. You will **not be** contacted if your teen is not found to need additional mental health services. If a vision, hearing or dental need is identified during the screening process, program staff will share this information with the school nurse.

Please complete the enclosed Parent Consent Form and indicate whether or not you want your teen to participate in this confidential screening. Enclosed for your review are the Common Questions and Answers about Connected Community Wellness Screen. Additional information regarding the CCWS can be found at <http://www.samaritancounseling.com/wellnessscreen.asp> or by contacting Jen Parsons, Program Coordinator of Connected Community Wellness Screen, at 920-886-9319 ext. 109.

The AASD provides this screening at no cost. Any additional evaluation and/or treatment services are your choice and responsibility.

## **Common Questions and Answers about Connected Community Wellness Screen (CCWS)**

### **Are CCWS results confidential?**

Yes, screening is confidential. In order to protect your teen's privacy, his/her screening results and related files will be stored separately from his/her academic records. School staff will not be involved in the screening procedure. If CCWS program staff believes that your teen is in danger or is a danger to others, they are mandated by law to take action and notify appropriate personnel and/or necessary authorities.

### **What information will be shared with my teen during the screening process?**

Upon completing the questionnaire the teen meets privately with program staff to discuss:

- Thoughts or concerns that came up for the teen while completing the screen
- Resources that they could go to for help if needed
- Feedback regarding the screening experience

Teens whose answers to the screening questionnaire reveal potential concerns about their emotional well-being will meet privately with a health professional to:

- Review symptoms that came to light through the questionnaire
- Discuss how the symptoms are impacting the teen's life
- Determine whether he/she might benefit from a more complete evaluation by a mental health or medical professional at a later date

If the health professional has determined that a teen might benefit from a more complete evaluation by a mental health or medical professional, the teen will be informed that his/her parent(s) will be contacted to discuss a recommendation for follow up.

### **What if I provide consent, but my teen doesn't want to participate?**

Screening is voluntary and your teen may refuse to participate or refuse to answer any questions during the screening. We will follow up with parents and inform you if your teen chooses not to participate or is absent on the day of the screening. You and your teen can decide to participate at a later date.

### **Does CCWS recommend treatment?**

The CCWS program and staff do not make any treatment recommendations. If further evaluation is recommended, all possible treatment options are made by you in consultation with a health professional of your choice.

### **How accurate is the screening questionnaire?**

The CCWS program uses the Pediatric Symptom Checklist-Youth Self-Report (PSC-Y) which was developed by Massachusetts General Hospital and the research has concluded that it is effective in identifying youth with possible emotional wellness impairment. The questionnaire results are not a medical diagnosis.

### **Can I see the questionnaire?**

Yes. If you wish to review the CCWS questionnaire, the assent form your teen will be asked to sign prior to his/her participation in the program, or any instructional materials related to the screening, please contact **Jen Parsons, Program Coordinator for the Connected Community Wellness Screen, at 920-886-9319 ext. 109.**

### **Where does CCSW get its support?**

The program is supported by local community foundations. It is operated as a nonprofit public service and accepts individual donations to help offset the cost of screening services to local communities. The program receives no funding from pharmaceutical companies.



## Parent Consent Form

Please return this form indicating if you would like your teen to participate in the screening. You may mail this form to the address below, or email to Jen Parsons directly at [jparsons@samaritan-counseling.com](mailto:jparsons@samaritan-counseling.com).

Jen Parsons- Wellness Screening  
1478 Kenwood Dr., Suite 1  
Menasha, WI 54952

I read the description of the Connected Community Wellness Screen (CCWS) program and understand that CCWS:

- is free, confidential and voluntary
- does not diagnose or recommend any particular type of treatment
- uses the Pediatric Symptom Checklist-Youth (PSC-Y) which helps identify emotional wellness impairment and that the school district and the Wellness Screen Program cannot guarantee the PSC-Y will always identify every emotional wellness impairment

\_\_\_\_\_ I would like my child to participate in the Connected Community Wellness Screen Program

\_\_\_\_\_ I do not want my child to participate in the Connected Community Wellness Screen Program

Parent/Guardian Name (Print): \_\_\_\_\_

Teen's Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ School your teen attends: \_\_\_\_\_

If your teen will be participating, please provide the following information so we can contact you if necessary:

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best times to reach you:

1) \_\_\_\_\_ Tel. #: \_\_\_\_\_

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