

Dear Parents,

As parents you are well aware that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships with family members and friends, and lead productive and happy lives. Sergeant Bluff-Luton School is committed to working with you not only to educate your children, but also to ensure that they reach their full potential outside of the classroom. To that end, we are offering parents of Sergeant Bluff-Luton students the opportunity to have their teens participate in a wellness check-up called TeenScreen. TeenScreen is a nationally-recognized program developed by Columbia University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free and completely voluntary and confidential.

The teen years are a time of tremendous change. TeenScreen can help parents better understand the changes their teens are experiencing. No matter what the results of your teen's screening are, the program will provide you with important information. For most parents, this screening will reassure you that your teen is just experiencing typical "growing pains." For other parents, TeenScreen can help you pinpoint a problem in its early stages; giving you the ability to secure needed help for your teen and reduce the chance that a more significant problem will develop in the future.

I hope you will take advantage of this confidential check-up. Please read the information below and in the attached "Common Questions and Answers about TeenScreen," and then sign and return the Parent Consent Form on the next page to indicate whether you want your teen to participate.

How Does TeenScreen Work?

Heidi Utesch is the site coordinator for this program. It will take place during school hours in a private setting at Sergeant Bluff-Luton School. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers. There are three steps to the screening procedure:

Step One: Teens complete a 10-minute questionnaire about vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a potential problem and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they probably do not need help meet briefly with other program staff to answer any questions they may have about the program and to give them the opportunity to ask for help with any other concerns the screening did not cover.

Step Three: You will be contacted by program staff only if your teen meets with a mental health professional and the professional recommends further evaluation for your teen. 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 notify you by phone with available community resources.

Sergeant Bluff-Luton School provides this 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 teen. For more information, please do not hesitate to call Leslie McDonald-Gonzalez, program coordinator at 712-204-8990 or at lmcdonald@slandchc.com. You may also contact your site coordinator Heidi Utesch at 712-943-8793 or at uteschei@sblschools if you have any further questions and/or concerns. You may also find information about the TeenScreen Program at www.teenscreen.org.

Sincerely,

Mr. Klingensmith

Principal, Sergeant Bluff-Luton School

Common Questions and Answers about TeenScreen

Are TeenScreen results confidential? Yes, screening is confidential. In order to protect your child's privacy, his/her screening results and related files will be stored separately from his/her academic records. Teachers will not be involved

in the screening procedure. If program staff believes that your child is in some 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 child following the screen?

All teens that complete a screening questionnaire will meet privately with program staff to: discuss any thoughts or concerns that came up for the teens while completing the screen that they would like to discuss; help the teens generate a list of people they could go to for help or to talk things over with when they have a problem; and to obtain their feedback about 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. The purpose of this meeting is to further explore symptoms that came to light through the questionnaire, find out if these symptoms are causing any significant difficulties in the teen's life and, if so, determine whether he/she might benefit from a more complete evaluation by a mental health or medical professional at a later date. At the conclusion of the private meeting, if the health professional has determined that a teen might benefit from such an evaluation, the teen will be told that his/her parent(s) will be contacted to discuss a recommendation for follow-up.

What if I provide consent, but my child doesn't want to participate?

Because we believe screening should be completely voluntary, your child may refuse to participate or refuse to answer any questions during the screening. We will notify you if your child chooses not to participate or is absent on the day of the screening.

Does TeenScreen recommend treatment?

The TeenScreen Program and staff do not make any treatment recommendations. All possible treatment decisions are made by families in close consultation with a health professional of your choice after the completion of the TeenScreen Program. Treatment recommendations are beyond the scope of the TeenScreen Program.

How accurate is the screening questionnaire?

The screening questionnaire was developed by Columbia University and research has concluded that it is effective in identifying youth with possible emotional problems. However, the questionnaire results are not a medical diagnosis. Medical diagnoses are beyond the scope of the TeenScreen Program.

Can I see the questionnaire?

Yes. If you wish to review the TeenScreen screening questionnaire, the assent form your child will be asked to sign prior to his/her participation in the program, or any instructional materials related to the screening, please submit a request to Sergeant Bluff-Luton School, Attn: TeenScreen, and you will be notified of the time and place where you may review these materials. Materials are not permitted outside the building.

Where does TeenScreen get its support?

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

TEENSCREEN PARENT CONSENT FORM
For Students in 9th & 11th Grade

Please return this form to let us know whether you want your teen to participate in the screening.
Please return it with your registration materials or you may mail this form to the address noted below:

Sergeant Bluff-Luton School
RE: Teen Screen-Heid Utesch
206 South D Street
Sergeant Bluff, IA 51054

I have read and understand the description of the TeenScreen Program offered at Sergeant Bluff-Luton School. My student will be offered the screening during the **2017-2018 school year**. You will be notified of the actual screening date at a later time.

___ I **DO** want my child to participate in the TeenScreen Program

___ I **DO NOT** want my child to participate in the TeenScreen Program

Parent/Legal Guardian's Name (Print): _____

Student's Name (Print): _____ Grade: _____

Parent/Legal Guardian's Signature: _____

Date: _____

If your child WILL participate, please provide the following information so we can contact you if necessary:

Address: _____ Home Phone #: _____
_____ Cell Phone #: _____
_____ Work #: _____

Email Address: _____

Best times to reach you on days of screening:

1) _____ Phone # at that time: _____ 2)
_____ Phone # at that time: _____