

Dear Parent or Guardian,

The teen years are difficult times for teens, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however depression (among the most common of all mental illnesses) appears to be occurring at a much earlier age. In the past decade teen suicide rates have doubled. To proactively address this issue, Elgin Middle and High Schools are offering depression screenings and suicide prevention training as part of the Signs of Suicide (SOS) Program. This program has been used by thousands of schools nationwide over the years. It has proven successful by students seeking help for themselves or a friend. This is the only school based suicide prevention program to show a reduction of suicide attempts in a randomized controlled study (BMC Public Health, July 2007).

Our goals in participating in this program are straight forward:

- 1) To help our students understand that depression is a treatable illness and to help assess whether or not they may have symptoms consistent with depression.
- 2) To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression.
- 3) To provide students training on how to identify serious depression and potential suicidal tendencies in friends.
- 4) To impress upon teens that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns.

Elgin Middle and High Schools will be offering the screenings during the 2017-2018 school year. The depression screening tool examines thoughts and feelings, which a parent may be unaware that their child is having. This tool can not provide the diagnosis of depression, but does give an indication of whether a young person should be referred for further evaluation by a mental health professional.

If you do not wish your child to take the written screening for depression and participate in the Signs of Suicide (SOS) intervention training, please fill sign and submit this form. If this form is not submitted, we will assume your child has your permission to participate in this program. You may also request a copy of the depression screener from the high school student services office at any time.

Respectfully,

The Marion Area Career Counseling Center in coordination with Elgin MS/HS
Tara Amarose-LISW-S
Tammy Cress-Elgin HS Counselor
Doug Lichtenberger-Elgin MS Counselor

I (name of parent) _____, do not give permission for (name of student) _____ to be screened for depression or to participate in the Suicide Prevention Program (SOS) to take place the 2017-2018 school year.

Signature of Parent or of Guardian: _____