



Consent for Behavioral Health Screening

Student Name: _____ Student ID: _____ School: _____ Grade: _____ Date: _____

Dear Parents/Guardians:

Rockdale County Public Schools wants all of our students to be successful in school. Toward that goal, we have in place a student support program that provides a variety of individual and/or group services to help students with issues that may be impacting their success.

The first step in connecting your child with the appropriate services is a brief Behavioral Health Screening. The Behavioral Health Screening, conducted by an RCPS Prevention and Intervention Specialist (P&I Specialist), helps determine what needs your child might have. Based on the results of the screening, the P&I Specialist, other support staff, and you will decide how to link him or her to resources that can help with addressing those needs. The P&I Specialist will review the results with you once the screening has been completed. The P&I Specialist assigned to your school

(Name/Phone/E-mail)

Reason for Behavioral Health Screening. (Check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Sudden behavior changes | <input type="checkbox"/> Unruly, disruptive behavior | <input type="checkbox"/> Emotional issues |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Family or life changes | <input type="checkbox"/> Discipline referrals |
| <input type="checkbox"/> Academic problems | <input type="checkbox"/> Truancy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transitioning from another placement or school | | |

Parent/Guardian comments:

Parent/Guardian Consent for Screening

| |
|---|
| ____ I give my permission to the Rockdale County Public Schools to administer a Behavioral Health Screening* to my child. |
| ____ I do not give permission to the Rockdale County Public Schools to administer a Behavioral Health Screening* to my child. |

Parent/Guardian Signature

By my signature below, I verify that I am, in fact, the current legal guardian for the above-named child.

Parent/Guardian signature _____ Date: _____

If you have any questions or concerns, please contact: _____ (Name/Phone/E-mail)

Return completed form to contact listed above.