

Letterhead

DATE

Dear Parent or Guardian,

The social/emotional well-being and physical safety of each student is extremely important in Henry County. In order to proactively address concerns of depression and child/adolescent suicide, the district has implemented the Signs of Suicide (SOS) Prevention Program. The SOS program has been researched and proven successful at increasing skills in students such as seeking help for friends and involving trusted adults. The SOS Program is the only youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression, as well as a reduction in actual suicide attempts. Listed on Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, the SOS Program has shown a reduction in self-reported suicide attempts by 40-64% (Aseltine et al., 2007; Schilling et al., 2016).

Our SOS program goals are as follows:

- To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression
- To provide students training in how to identify serious depression and potential risk of suicide in a friend
- To impress upon youth that they can help themselves or a friend by taking the simple step of talking to a trusted adult about their concerns
- To teach students who they can turn to at school for help, if they need it

The (SCHOOL) Student Services Department will be coordinating and delivering the Signs of Suicide prevention lesson through (health/advisory/connections, other) classes on the following dates: (DATES).

No action is needed unless you DO NOT wish for your child to participate in the SOS prevention lesson at school. If you DO NOT wish for child to participate, (please print) and return this form to (contact) by (DATE). If we do not hear from you by the following date: DATE, we will assume your child has permission to participate in this program.

If you have any questions or concerns about this program, please do not hesitate to contact the school counseling department (number) or the Student Services Department of the central office, 770-957-3945.

Sincerely,

Name(s)

Opt-Out Response: Only required if opting out (PLEASE PRINT NAMES)

I, (Parent) _____, DO NOT give permission for (Student) _____
to participate in the Signs of Suicide Prevention Program at school on the following date: DATE.

Parent Signature _____ Date _____