Dear Parent/Guardian,

The adolescent years are marked by a roller-coaster ride of emotions—challenging for students and their parents. It can be hard to tell the difference between normal adolescent turmoil and what might be a mental health concern. Depression is becoming more common among young people and appears to affecting students at an earlier age. Depression is treatable; but untreated depression is a leading risk factor for suicide.

In an effort to reduce depression and suicide among our students, our school has invited CHADS Coalition for Mental Health to deliver the evidence-based Signs of Suicide® (SOS®) program during an assembly on **Thursday January 29, 2026**. The evidence-based program is designed to help students recognize the symptoms of depression or warning signs of suicide in themselves or their friends and teach them the appropriate action steps they should take to get help. This presentation is in line with the grade level curriculum for Health/Physical Education classes and has been approved by the Department of Elementary and Secondary Education.

Our goals in participating in this program include teaching students:

- that depression is treatable so they are encouraged to seek help
- how to identify serious depression and potential suicide risk in themselves or a friend
- to ACT (Acknowledge, Care and Tell a trusted adult) if concerned about themselves or a friend
- who they can turn to at school for help, if they need it

After the presentation, each student will complete a response slip indicating if they would like to speak to a counselor about themselves or someone they know based on what they learn during the program. All students that indicate they want to speak to a counselor will be seen by the school counselor within a few days, depending on the urgency the student indicated on his/her response slip. If you have a concern about your student meeting participating in this program, please contact your school counselor.

We encourage you to visit www.sossignsofsuicide.org/parent for information on warning signs for youth suicide, to access useful resources, and to learn more about the key message all students will learn in class.

If you have any questions or concerns about this program, please contact the Riverbend counseling office at 636-271-1481. If you **DO NOT** give permission for your child to participate in SOS, please sign and return the form to the counseling office before the presentation date.

Sincerely,
Riverbend Middle School Counseling Department

I, _____ [parent/guardian name] **DO NOT give permission** for _____ [student name] to participate in SOS Signs of Suicide.

_____ [parent/guardian signature]