

Passive Consent Communication and Opt Out Form

A child's mental health is important. Good mental health allows children to think clearly, develop socially, and learn new skills. During the ___ semester of the _____ school year the _____ School District with Foundations Health and Wholeness SMART Screening Program to offer _____ grade students the opportunity to participate in a mental health screen. Participation is voluntary, confidential, and FREE to families!

SMART (Supportive Mental health Resource Team) Screening uses a valid and reliable tool for the mental health screen. Children will be offered the opportunity to voluntarily participate in the screen in small groups or classrooms during the school day. The screen is administered electronically and will take approximately 15 minutes to complete. The tool is written at a fifth-grade reading level. It is the intention of SMART Screening Program and the school district to screen all students in the grades listed above. If you believe your child will need assistance to participate in the screen, please contact SMART Screening staff as soon as possible to discuss potential accommodation. Should your child decline participation, the Primary Contact (as identified by the school district) will be notified in writing by letter and/or email. Screening procedures may change. Notification of changes will be provided prior to screening.

The mental health screen assists with early identification and intervention for highly treatable mental health concerns. The screen will consider symptoms of anxiety, depression, substance use, self-harm, and suicidal thoughts. For most, the screen will reassure you that your child is in good mental health. For children already connected to mental health care, the screen is encouraged. Annual screening is recommended and can assist in determining progress toward mental health goals.

If the screen identifies a potential mental health concern, a clinician will meet with your child individually in a confidential space for verbal follow-up. SMART Screening staff will verbally share the results of the screen by telephone with the Primary Contact. During the telephone call SMART Screening staff will offer recommendations for next steps, as well as support in seeking mental health care, if appropriate. Early mental health care reduces the chance that a more significant problem will develop. The Primary Contact will also receive the results, recommendations, and resources in writing by letter and/or email.

Results of the mental health screen will not be shared with school staff without permission unless SMART Screening staff is not able to verbally share results with the Primary Contact within 3 business days. At that time, school staff will be notified of any suicidal ideation reported within the past 90 days. SMART Screening does not diagnose or recommend specific treatment. The mental health screen is used to identify potential mental health concerns. The school district and SMART Screening cannot guarantee every mental health concern will be identified.

If you do NOT want your child to participate in the SMART Screening, you MUST complete the form below.

Forms must be returned by _____. If we do not receive the form on or before the date listed, we will assume your child has permission to participate in the mental wellness screen. Please note, if your child is 18 years old on the day of screening, they will be able to consent to participate even if the form has been returned. Results and recommendations will be shared directly with the child. All efforts will be made to obtain consent to share information with the Primary Contact, as well.

This is the first of two notices you will receive regarding your child's participation.

Joanne Klysen, LPC
Director of Community Based Counseling
SMART Screening Director
Foundations Health and Wholeness

SMART Screening may utilize information collected for research purposes, not using student's names or other identifying information.

To opt-out of the mental health screen return this form to:
Foundations Health and Wholeness
Attn: Joanne Klysen, LPC
1061 W Mason St.
Green Bay, WI 54303

I DO NOT give permission for my student to participate in the SMART Screening _____ (school year)

Student Name: _____

School District and School Name: _____

Grade: _____

Signature of parent/guardian: _____