



## COPPELL MIDDLE SCHOOL WEST

October 29, 2019

Dear Parents,

As parents, you are well aware that the physical and mental health of young people plays a key role in their ability to succeed in school, have rewarding relationships with family members and friends, and lead productive and happy lives. Coppell Middle School West is committed to working with you not only to educate your children, but also to ensure that they reach their full potential outside of the classroom. To that end, we are offering parents of 7<sup>th</sup> grade students the opportunity to have their teens participate in a wellness check-up called TeenScreen. TeenScreen is a nationally recognized program developed by Columbia University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free and completely voluntary and confidential. TeenScreen will be offered to your teen during the week of November 11<sup>th</sup>.

I hope you will take advantage of this confidential check-up. Please read the information below and in the attached "Common Questions and Answers about TeenScreen". Next, sign and return the **Parent Consent Form** on the following page to indicate whether you want your teen to participate. Finally, please make sure your **teen signs the Student Assent Form**.

### **How does TeenScreen work?**

The counseling department will be in charge of the program. It will take place during school hours in a private setting at the school. Your teen will not be screened without your permission. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers. There are three steps to the screening procedure:

**Step One:** Teens complete a 10-minute questionnaire about physical health, symptoms of depression and anxiety, suicidal thinking and behavior, and use of drugs and alcohol.

**Step Two:** Teens whose answers reveal a potential problem and teens who ask for help then meet with a school counselor in private.

**Step Three:** You will be contacted by the counseling department only if your teen meets with a counselor. If this is the case, the counselor will share overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional services.

Coppell Middle School West provides this screening at no cost, but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen. Please do not hesitate to call the counseling department if you have any questions.

Sincerely,

Sarah Thornton  
Principal  
Coppell Middle School West



## **COPPELL MIDDLE SCHOOL WEST**

### Common Questions and Answers about TeenScreen

#### **Are the TeenScreen results confidential?**

Yes, screening is confidential. In order to protect your child's privacy, his/her screening results and related files will be stored separately from his/her academic records. Teachers will not be involved in the screening procedure. If program staff believes that your child is in some danger or is a danger to others, they are mandated by law to take action and notify appropriate personnel and/or necessary authorities.

#### **What information will be shared with my child following the screen?**

Teens whose answers to the screening questionnaire reveal potential concerns about their emotional well-being, will meet privately with a counselor. The purpose of this meeting is to further explore symptoms that came to light through the questionnaire and to find out if these symptoms are causing any significant difficulties in the teen's life.

#### **What if I provide consent but my child doesn't want to participate?**

Because we believe screening should be completely voluntary, your child may refuse to participate or refuse to answer any questions during the screening. We will notify parents if this occurs.

#### **Does TeenScreen recommend treatment?**

TeenScreen and staff do not make any treatment recommendations. All possible treatment decisions are made by families in close consultation with a health professional of your choice after the completion of the TeenScreen. Treatment recommendations are beyond the scope of TeenScreen.

#### **How accurate is the screening questionnaire?**

The screening questionnaire was developed by Columbia University and research has concluded that it is effective in identifying youth with possible emotional problems. However, the questionnaire results are not a medical diagnosis. Medical diagnoses are beyond the scope of the TeenScreen program.

**\*\*More FAQs on Next Page\*\***



## **COPPELL MIDDLE SCHOOL WEST**

### **Can I see the questionnaire?**

You are not able to view each specific question due to copyright issues. However, we have attached some sample questions from the mental health screening. Once your child has completed the test, you are able to review your child's summary report.

*TeenScreen is a screening program based on self-report by students to detect dangerous levels of depression among youth, as well as other warning signs and risk factors that can lead to suicide (e.g. anxiety, ADHD, post-traumatic stress). The following questions are samples of questions that your child will be asked:*

1. Are you the kind of person who is often very tense, or who finds it very hard to relax?
2. These questions are about upsetting things that sometimes happen to people. Have you ever been in a natural disaster where you thought you were going to die or be seriously injured...like a flood...or a tornado...or an earthquake...or a hurricane?
3. In the last three months...has there been a time when nothing was fun for you and you just weren't interested in anything?
4. In the last three months...have you often felt like you should check on things over and over again? For example, checking that the front door is locked...or the stove is turned off...or that something else was done even though you knew it had been done?

### **Where does TeenScreen get its support?**

The program is supported by foundations and local communities. It is operated as a nonprofit public service and accepts individual donations to help provide free screening services to local communities. The program receives no funding from pharmaceutical companies.



**COPPELL MIDDLE SCHOOL WEST**

TeenScreen Parent Consent Form

Please return this form by **November 6 2019** to let us know whether you want your teen to participate in the screening. (Your teen will return this form to his/her Language Arts teacher.)

I have read and understand the description of TeenScreen offered at Coppell Middle School West during the week of November 11<sup>th</sup>.

\_\_\_\_\_ I would like my child to participate in TeenScreen

\_\_\_\_\_ I do not want my child to participate in TeenScreen.

Student's Name (Print): \_\_\_\_\_ School ID #: \_\_\_\_\_

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If your child will be participating, please provide the following information so we can contact you if necessary:

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*PLEASE SEE OTHER SIDE\*



## COPPELL MIDDLE SCHOOL WEST

### TeenScreen Participant Assent Form

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Sex: ( ) Female ( ) Male Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Dear Student,

Your parents (or legal guardian) have given permission for you to participate in TeenScreen which is a free health screening. TeenScreen was created by Columbia University to assess the health of teenagers and to assist teens in connecting with professional assistance if they need it. Before you participate in the screening, please read the following information and then sign your name below.

#### How does the program work?

1. You complete a 10 minute questionnaire about your health, feelings, and behaviors.
2. Your results will not be shared with your teachers or stored with your academic record.
3. Program staff may contact you and your parents (or legal guardian) to discuss the results of your screening and recommend follow-up.
4. If your answers indicate that you or others may be in some danger, the program staff will inform your parents (or legal guardian) and/or any necessary authorities.
5. This is a voluntary program - you are not required to participate.
6. If you participate, you may refuse to answer any questions on the questionnaire.

If you have any questions about the program in the future, you may contact our campus counselors, **Jaime Duncan (A-L) or Stephanie Julian (M-Z).**

- I **want** to participate in TeenScreen. Please check this box and sign your name below if you have read and understand the above information.
- I **do not want** to participate in TeenScreen. Please check this box and sign your name below.

Student Signature: \_\_\_\_\_