

Dear Parent or Guardian:

Fulton County Schools takes seriously the personal/social and physical safety of our students. In order to proactively address concerns of depression and child/adolescent suicide, the district is providing faculty suicide prevention training and a student suicide prevention lesson as part of the Signs of Suicide (SOS) Prevention Program. The SOS program has proven successful at increasing help-seeking by students who are concerned about themselves or a friend. It is the only school-based suicide prevention program selected by the Substance Abuse and Mental Health Services Administration for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. 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 students that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns.

Your local School Counseling Department will be coordinating/delivering the Signs of Suicide Lesson through the 9th Grade Science Classes on the following dates: September 17th and September 18th.

If you **DO NOT** wish for your child to participate in the SOS suicide prevention lesson at school, please complete the enclosed form and return it to your local School Counseling Department. If we **DO NOT** hear from you by the following date: September 13th, 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 your student's School Counselor.

Sincerely,

The MHS Counseling Department

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| I, _____, (Name of Parent) |
| <u>DO NOT</u> give permission for |
| _____ (Name of Student) |
| to participate in the Signs of Suicide Prevention Program at school. This program is scheduled to take place on the following date: _____. |
| X _____ (Signature of Parent) |