



Park Hill School District

Dear Parent or Guardian:

The adolescent years are marked by a roller-coaster ride of emotions which can be difficult for students, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however, depression (among the most common of mental illnesses) appears to be occurring at a much earlier age. Depression, which is treatable, is a leading risk factor for suicide. In addition, self-injury has become a growing problem among our youth.

To proactively address these issues, the Park Hill School District is offering depression awareness and suicide prevention training as part of the SOS, Signs of Suicide Prevention Program. The program aims to increase awareness about suicide.

Our goals in participating in this program are straightforward:

- To help our students understand that depression is a treatable illness.
- 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 suicidality in themselves or a friend.
- To impress upon our students that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns.
- To help students know who they can go to for help at school, if they need it.

Our teachers were trained on using this program with students. On *(add your date here)* our teachers will lead the SOS lesson with students. The lesson involves showing students video clips about how to talk with their peers and adults about their feelings. We will have extra counselors at school that day to help intervene with students who need to talk or who complete a confidential survey that indicate the need for an adult to touch base. The counselors will contact a parent/guardian if they talk to your child.

If you do NOT wish your child to participate in the SOS prevention program, please sign and checkmark the information below by *(date)*. If we do not hear from you, we will assume your child has permission to participate in the lesson.

Sincerely,

School's Administrator/Trained Implementer

I do NOT want my child to participate in this lesson.

Student Name: _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date