[*On school letterhead*]

September \*\* \*\*\*\*

Dear Parent or Legal Guardian,

We are committed to helping your child be a strong learner. Sometimes stresses or experiences with violence interfere with learning. Because of this, we are offering a program for 6th graders called REST (*Resilient response to the Effects of Stress and Trauma*). It is jointly offered by the [*name of school district*] and the United Way and Journey Mental Health Center. REST is designed to help middle schoolers deal with stress and upsetting events they may have experienced.

The REST program has two parts. The first is a general screening questionnaire given to all 6th graders. The questionnaire asks your child about seeing or experiencing violent or upsetting events at school, in your neighborhood, or other places. The questionnaire also asks about any distress that they are having related to those events. The questionnaire is filled out by students in class and takes about 20 minutes. Student Support Services staff are available to support your child during the screening. The student services team member listed below has access to a blank copy of the questionnaire if you would like to contact them to review it. In the event that your child indicates a need for follow up, school staff, will conduct a face-to-face interview to determine if a stress & trauma group or other form of support could be helpful.

The staff at [*name of school*] Middle School will be screening all 6th graders the week of [*insert date*]. If your child’s responses to the questionnaire and the face-to-face interview show that they are eligible for the second part of the program (an educational group), we will contact you and describe that part of the program to you to see if you and your child are interested. Your child is under no obligation to participate in the second part of the program by participating in the screening.

The results of your child’s screening are strictly confidential and will only be shared with you, your child, and the staff involved in the REST program. Non-identifiable, summary data of a grade, school or district may be shared with others for the purpose of quality improvement or shared in professional meetings or journals without any link to an individual’s identity.

Participation in the screening is strictly voluntary. If you DO NOT want your child to participate in the REST screening, please complete the form below and return to [*school staff person*] at [*name of school*] Middle School by [*date*]. If you have questions or would like more information about the REST screening, please call [*school staff person*] at [*phone #*].

Thank you,

Principal Psychologist Social Worker

Return to *[school staff person]* by *[date]*

\_\_\_\_\_\_ I DO NOT want my child to participate in screening for the REST group.

Student’s name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s name (print ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_