

# CHERRY HILL PUBLIC SCHOOLS

January 2005

Dear Parents/ Guardians,

Cherry Hill Public School District is participating in the Columbia University's TeenScreen® Program, a program that is designed for the early identification of emotional health issues. The main focus of this screening is to try to find the best way to help our students live a healthy life style. We know that young people do not like to ask for help because they are embarrassed or don't know whom to ask. Identifying the early onset of emotional or behavioral issues will allow us to provide referrals to the appropriate services.

**The purpose of this letter is that your child has agreed to participate and now we need to obtain your consent to allow participation in the screening process.** The confidential screening will be administered by a trained staff member during school hours. Your child's participation is voluntary; they can withdraw at any time.

### What is involved in the TeenScreen Program?

**First Step:** The screening is done using a computerized program called the DPS. Students wear headphones and answer questions directly into the computer using the keyboard. The answers are usually "yes" or "no" but some questions require the student to type in additional information.

**Second Step:** Once the screening is complete, each student will have the opportunity to meet with a mental health professional to evaluate the findings. During this interview, the professional reviews the answers and the student has the opportunity to express his/her feelings and emotions. At the end of the screening, the professional will determine whether the student needs further evaluation and/or treatment. If a positive screening for any suicidal ideation appears, parents will be notified and the Cherry Hill School District's Administrative procedure S-12 will be implemented. The procedure helps ensure that we assist and support those children who test positive in the most appropriate way possible. Copies of this procedure are available at Malberg Administrative building.

All information will be kept confidential and will only be discussed with appropriate or "need to know personnel". However, if your child's screening results indicate a need for further evaluation or treatment, you will be notified and a referral recommendation will be discussed with you.

**If you have any questions, please do not hesitate to call the district student assistance coordinator at 856-429-5600 x 435.**

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**RETURN TO: Jennifer DiStefano, SAC- 45 Ranoldo Terrace, Cherry Hill, NJ 08034**

I want my child to participate in the TeenScreen Program.

I do not want my child to participate in the TeenScreen Program.

Parent's Name (Print): \_\_\_\_\_

Student's Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Numbers (home, work, cell) \_\_\_\_\_

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