

Flagler Palm Coast High School  
P.O. Box 488  
Bunnell, FL 32110

January 20, 2005

Dear Parent,

Flagler Palm Coast High School is participating in the Columbia University's TeenScreen® Program, a screening program that is designed for the early identification of emotional health issues in youth. The main focus of this screening is to help our students live a healthy life style and reach their academic and personal potential. We know that young people do not like to ask for help because they are embarrassed or don't know whom to ask. We also know that two-thirds of young people who struggle with emotional health issues go unidentified and untreated. Our goals in conducting these screenings are to find students with these difficulties in a timely manner and provide them with referrals to the appropriate services.

The purpose of this letter is to let you know about the screening process. The confidential screening will be administered by a trained staff member during school hours. Your child's participation is voluntary; he/she can withdraw at any time.

**What is involved in the TeenScreen® Program?**

**First Step:** Students will be able to participate in TeenScreen during their normally scheduled Health class. 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:** If your child's DPS screen is positive, he/she will then meet with a mental health professional to discuss the results. At the end of this interview, the professional will determine whether or not your child would benefit from further evaluation and/or treatment. Students with negative DPS screens do not participate in the second step unless they request to do so.

All information will be kept confidential and will not be discussed with other school 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 would like your child to participate in this program, you need not do anything further. If, for any reason, you do not want your child to participate in TeenScreen, please complete and return the attached slip to the Health Teacher by February 4, 2005. If you have any questions, please contact the Project Coordinator – Mr. Terry R. Smith, 437-7540, ext 1007).

Sincerely,

Mr. Bill Delbrugge, Principal

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**Please return this slip ONLY if you do NOT want your child to participate**

Return to:

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

I do NOT want my child to participate:

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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