



PATHWAYS TO POSSIBILITIES AND STUDENT SUCCESS

District Office

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Summer 2022

Dear Parents,

Our schools are committed to working with you to not only educate your children, but also to ensure that they reach their full potential outside of the classroom living happy, rewarding lives. To that end, we are offering parents the opportunity to have their teens participate in a voluntary check-up provided by What's Up Wellness adapted from TeenScreen. TeenScreen is a nationally-recognized program developed by Columbia University and now managed by Stanford University to identify risk factors associated with depression, anxiety, and alcohol and substance abuse.

I hope you will take advantage of this free, confidential check-up. Please read the information below and then sign and return the Parent Consent Form to indicate whether you want your teen to participate. There is an additional optional consent for allowing What's Up Wellness staff to work with your student's school counselor if any follow-up is needed.

How Does TeenScreen Work? What's Up Wellness Checkups will be in charge of the screenings. It will take place during school hours in a private setting at the school. Your teen will not be screened without your permission. Screening is voluntary & your child may refuse to participate. We will notify you by letter at the end of the school year if your child chooses not to participate or is absent on the day of the screening. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers or school staff. If program staff believes that your child is in some danger or is a danger to others, they are mandated by law to notify appropriate personnel and/or necessary authorities.

There are three steps to the screening process:

Step One: Teens complete a 10-minute computerized screen about vision, hearing and dental problems, symptoms of depression and anxiety, suicidal thinking, and behavior, and use of drugs and alcohol.

Step Two: Teens whose answers reveal a potential problem and teens who ask for help then meet privately with a trained mental health professional to determine if further evaluation would be helpful. Teens whose answers show they probably do not need help meet briefly with staff to review coping skills & ensure access to support systems.

Step Three: You will be contacted by program staff only if further evaluation is recommended for your teen. Program staff will then share the overall results with you and discuss ways you can get help for your teen. You will not be contacted if your teen is not found to need additional support. The screen is NOT a medical diagnosis. TTUSD provides this screening at no cost but does not provide further evaluation or treatment services. It is up to you to decide if you want to obtain any additional services for your teen.

The program is supported by the Nevada County Behavioral Health Department's Mental Health Services Act funding, as a not for profit public service to help provide free screening services to local communities.

Consent forms will be accepted, and screenings will occur throughout the 2022-2023 school year. Please call What's Up? Wellness staff directly at (530) 268-5854, visit their website www.whatsupwellness.com or email whatsupwellness@gmail.com if you have any questions.

If you would like your child to participate, please sign and return the consent form with your other enrollment forms.

Sincerely,

Carmen Diaz Ghysels
Superintendent Chief Learning Officer



WHAT'S UP WELLNESS CHECKUPS PARENT CONSENT

I have read and understand the description of the What's Up Wellness program offered at Tahoe Truckee Unified School District from August 2022 - June 2023. A complete description is available at: www.whatsupwellness.com

I WOULD LIKE **OR** I DO NOT WANT my child to participate in a Wellness Checkup.

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date

Student's Name

Date of Birth

High School

Grade

Please provide BOTH addresses and phone/email information so we can contact you if needed:

Physical Address

Mailing Address (if different)

Parent's Email Address

Home Phone

Cell Phone

Work Phone

Preferred mode of communication? (Call/text/email) _____

CONSENT TO RELEASE INFORMATION TO SCHOOL COUNSELOR

As part of our program we offer support connecting families to resources if needed. If you would like us to coordinate with your teen's school counselor in accessing support, please give permission below (if you decline your child will still be screened with your consent above and no contact will be made with the school counselor):

By signing this document, I, _____, hereby authorize What's Up?
(Name of parent/guardian)

Wellness Checkups to disclose information and records regarding _____
(Name of child)

to TTUSD High School Counselor.

I understand that I have a right to receive a copy of this authorization. I further understand that any cancellation or modification of this authorization must be in writing. Disclosure of this information and/or records authorized herein is required for the following purpose: Coordinated student support between What's Up? Wellness Checkups and TTUSD School Counselor.

The specific uses and limitations on the type of information to be disclosed are as follows: What's Up? Wellness Checkups screening summary. Such disclosure shall be limited to the following specific types of information: What's Up? Wellness Checkups Summary in the form of verbal and written communication.

This authorization shall remain valid until July 1, 2023.

Date: _____ Signature of parent/legal guardian: _____

Reference: California Civil Code section 56.11