

What's Up Wellness Checkups/TeenScreen Parent Consent Form

Fall 2021

Dear Parents,

Our schools are committed to working with you to not only educate your children, but also to support them to reach their full potential outside of the classroom living happy, rewarding lives. To that end, we are offering parents of NJUHSD high school students the opportunity to have their teens participate in a free health check-up offered to students by What's Up Wellness Checkups. The Wellness Checkups is an emotional health screening program based on TeenScreen, a nationally recognized and evidence-based program developed for teens by Columbia University. Teen Screen is currently supported by Stanford University. The screening program identifies risk factors associated with depression, anxiety, and alcohol and substance abuse. The program is free, completely voluntary and confidential.

I hope you take advantage of this confidential check-up. Please read the information below and then sign and return the Parent Consent Form on the opposite side of this page to indicate whether you want your teen to participate.

How Do The Wellness Checkups Work? The staff of What's Up Wellness Checkups will conduct 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. All screening results will be kept confidential, stored separately from academic records, and not shared with your teen's teachers.

There are three steps to the screening process.

Step One: Teens complete a 10-minute questionnaire 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 possible need for further support and teens who ask for help then meet with a trained mental health professional in private to determine if further evaluation would be helpful. Teens whose answers show they likely do not need help meet briefly with other program staff to answer any questions they may have about the program. This also gives them the opportunity to ask for help with any other concerns the screening did not cover.

Step Three: You will be contacted by program staff only if your teen meets with a mental health professional *and* they recommend further evaluation for your teen. If this is the case, program staff will 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 mental health services. If a vision, hearing or dental need is identified during the screening process, program staff will notify you by letter.

NJUHSD 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.

Consent forms will be accepted and screenings will occur throughout the 2021-2022 school year. Please contact What's Up? Wellness Checkups staff at 530-268-5854 or whatsupwellness@gmail.com if you have any questions. To learn more about the program: www.whatsupwellness.com

Please sign the consent form on the opposite side of this page and return to the main office or to your school counselor.

Sincerely,

Dan Frisella
Assistant Superintendent
Nevada Joint Union High School District
11645 Ridge Road

What's Up Wellness Checkups/TeenScreen Parent Consent Form

I have read and understand the description of the TeenScreen Program offered at NJUHSD from October 2021 through June 2022. A complete description is available at: www.whatsupwellness.com

I would like **OR** I do not want my child to participate in the TeenScreen Program

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 *Best times to reach*

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 NJUHSD 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 NJUHSD 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, 2022. (Reference: California Civil Code section 56.11)

Date: _____ Signature of parent/legal guardian: _____