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Dear Parent or Guardian:

Fulton County Schools takes seriously the personal/social and physical safety of our students. In order to proactively address concerns of depression and child/adolescent suicide, the district is providing faculty suicide prevention training and a student suicide prevention lesson as part of the Signs of Suicide (SOS) Prevention Program. The SOS program has proven successful at increasing help-seeking by students who are concerned about themselves or a friend. It is the only school-based suicide prevention program selected by the Substance Abuse and Mental Health Services Administration for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts.

Our SOS program goals are as follows:

- To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression.
- To provide students training in how to identify serious depression and potential risk of suicide in a friend.
- To impress upon students that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns.

Our Counseling Department will be delivering the Signs of Suicide Lesson through our Health Classes on the following dates: October 8^{th} & 9^{th} and will deliver the program again each 9 weeks when new health classes begin.

If you **<u>DO NOT</u>** wish for your child to participate in the SOS suicide prevention lesson at school, please complete the enclosed form and return it to the Counseling Department. If we **<u>DO NOT</u>** hear from you by the following date: Friday, October 4th 2013, we will assume your child **has permission** to participate in this program.

Also, Ms. Minerve will be hosting an informational parent lunch and learn on Monday October 7th in room 84 at 12pm. This will be a time for parents to get a bit more information on the Signs of Suicide program and ask any questions they may have.

If you have any questions or concerns about this program, please do not hesitate to contact Ms. Minerve at 770-74-7030 or via email at Minerve@fultonschools.org

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	I,, (Name of Parent- Print)
	<u>DO NOT</u> give permission for
	(Name of Student)
to parti	icipate in the Signs of Suicide Prevention Program at Haynes Bridge Middle School.
	X(Signature of Parent)