August 2018

Dear Parent or Legal Guardian:

**XXXXX Middle School** has been implementing Positive Behavior Intervention and Supports (PBIS) which is a proactive approach to establishing the behavioral supports and social culture needed for all students to achieve social, emotional, and academic success. Universal screening to identify behaviors that may impede academic and social functioning and lead to early intervention is part of the PBIS process.

Our school will be implementing universal screening during the 2018-2019 academic year and we will be utilizing the **Strengths and Difficulties Questionnaire (SDQ)** that will help identify students who may be having minor challenges in school, such as following rules and expectations, or making friends. Our goal in using this screening tool is to identify which children may need some assistance before minor challenges become big problems. We will contact the parents of children who have been identified prior to creating an intervention focused on supporting the child in a proactive and positive manner.

If you have any questions, please do not hesitate to call **XXXX at 999-999-9999**. Additional information pertaining to this early identification program is available in the school front office.

Sincerely,

Principal

**PARENT CONSENT**

I have read and understand the description of the early identification program at **XXXX Middle School** which offers screening three times per year in the Fall (Sep), Winter (Nov/Dec), and Spring (Mar/Apr).

**\_\_\_\_\_ I would like my child to participate in the early identification program.**

**\_\_\_\_\_ I do not want my child to participate in the early identification program.**

Child’s Name **(Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Name **(Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Legal Guardian’s **Signature Date**

If your child will be participating, please provide the following information so we can contact you if necessary:

**Best times to reach you:**

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE HAVE YOUR CHILD RETURN THIS FORM WITH ALL OTHER ENROLLMENT DOCUMENTS**

**THANK YOU!**