

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.

Your local School Counseling Department will be coordinating/delivering the Signs of Suicide Lesson through our Health Classes or another appropriate class on the following dates: _____.

If you **DO NOT** wish for your child to participate in the SOS suicide prevention lesson at school, please complete the enclosed form and return it to your local School Counseling Department. If we **DO NOT** hear from you by the following date: _____, we will assume your child **has permission** to participate in this program.

If you have any questions or concerns about this program please do not hesitate to contact your local School Counseling Department.

Sincerely,

I, _____, (Name of Parent)
<u>DO NOT</u> give permission for
_____ (Name of Student)
to participate in the Signs of Suicide Prevention Program at school. This program is scheduled to take place on the following date: _____.
X _____ (Signature of Parent)