

Langley High School Mental Wellness Screening Program Opt-Out Form

To be completed **ONLY** if you do NOT give permission (by November 15th).

You may disregard this form if you want your student to participate in the 9th grade depression education and awareness program.

If you **do not want** your student to participate in the school-wide program, please complete the opt-out form below and return by **Friday, November 15th**. You may return the form one of three ways:

1. Mail the opt-out form to: Langley HS, Attn: Braden Peterson, DSS,
6520 Georgetown Pike, Mclean, VA 22101
2. E-mail the opt-out form (subject: ACT Opt Out) to bjpeterson@fcps.edu
3. Have your student drop-off the opt-out form in person to their counselor

_____ I do not want my student to participate in the 9th grade mental wellness screening program. I understand that my student will not view the video curriculum, nor will they participate in the follow-up survey.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Parent's Phone Number or Email Address: _____

ADDITIONAL RESOURCES AND CONTACT INFORMATION:

School Counselors

| Student's Last Name | Counselor | Phone | Email |
|---------------------|------------------------|--------------|--|
| A-Chang | Mr. Michael Johnson | 703-287-2731 | msjohnson@fcps.edu |
| Chang-Gan | Mr. Alex Mantel | 703-287-2733 | armantel@fcps.edu |
| Gao-Jua | Ms. Natalie Malone | 703-287-2732 | nlmalone@fcps.edu |
| Jub-Matu | Mr. Tim Ready | 703-287-2730 | tjready@fcps.edu |
| Matz-Pride | Ms. Jennifer Baldesare | 703-287-2734 | jlbaldesare@fcps.edu |
| Prin-Sun | Ms. Katie Robinson | 703-287-2736 | kerobinson1@fcps.edu |
| Suo-Z | Ms. Nichole Bernard | 703-287-2735 | nbernard@fcps.edu |

Director of Student Services

Braden J. Peterson

703-287-2724

bjpeterson@fcps.edu

National Institute of Mental Health website:

<http://www.nimh.nih.gov/health/topics/depression/index.shtml>

SOS: Signs of Suicide Program

www.mentalhealthscreening.org/programs/youth