

Student Name: _____



August ____, 2020

Dear Parent or Guardian:

Muscogee County School District (MCSD) understands the importance of developing the “whole child.” There is evidence that students who struggle with social, emotional, and/or behavioral concerns often have lower academic achievement (National Institutes of Health). However, studies have shown that early identification and intervention improves student outcomes (National Institutes of Health). All students (PreK-12) will have brief wellness screenings in the form of a survey. The screenings will identify your child’s social, emotional, and behavioral strengths and areas in need of improvement. All MCSD schools, including [SCHOOL], will utilize the Behavioral and Emotional Screening System (BESS). The BESS is a brief wellness screener that includes:

1. Student Report - completed by students in grades 4-12
2. Teacher Report – completed by teachers of students in grades PK-3 (optional for grades 4-12)
3. Parent Report – completed by parents of students in any grade level

Please note, the BESS will not be used to determine the presence of mental health conditions or eligibility for special education programs. Results of the BESS will assist schools with identifying how to best meet the needs of all students. We recognize that parents are most knowledgeable about their child’s overall wellbeing. Therefore, parents are strongly encouraged to participate in the screening process, especially given the unexpected challenges caused by the current pandemic. As parent or guardian, you may be contacted about a variety of school and/or community supports available to assist your child.

If you have any questions, feel free to contact your child's teacher. Additional information is available upon request.

Sincerely,

Principal
[PHONE]

IMPORTANT INFORMATION

I have read and understand the description of the BESS that will be provided in all Muscogee County schools. I understand the BESS is completed 2-3 times a year. I understand that once the BESS is completed, I may be contacted. I understand I am under no obligation to accept the resources and/or supports offered. **I also understand by completing and signing this statement, I am opting my child out of participating in the BESS.**

“I would like to opt-out my child, _____, from the completion of the BESS. I also understand this opt-out request is only valid for the current academic school year and will be kept on file.”

*Siblings (enrolled at same school): _____

Parent/Guardian Signature: _____ Date: _____

***Parent/Guardian: SIGN AND RETURN ONLY IF CHILD/CHILDREN WILL NOT PARTICIPATE (OPT-OUT)**

This notice is being provided to you under The Protection of Pupil Rights Amendment (PPRA).