



PARENT AUTHORIZATION FOR BEHAVIORAL HEALTH SCREENING AND/OR ASSESSMENT

Student _____ Grade _____ DOB _____ Date _____
School _____

Dear Parent/Legal Guardian:

Canyons School District (CSD or District) offers a wide range of support services to students. Your student has been identified by the school as one who may benefit from behavior supports in school. To better determine what supports may be appropriate for your student, the District requests your permission to conduct a behavioral health screening/assessment. Information gathered in the behavioral health screening/assessment may include observations of individual student classroom behavior noting behavioral skills and gaps. It may also include behavior checklists and/or interviews. The behavioral information will be reviewed and used to formulate options and considerations to help the school’s Student Support Team (SST) create options to assist you and your student with a behavior support plan. If this behavioral health screening/assessment is part of a District Case Management Team (DCMT) referral, summary notes may be shared with the team to assist them in providing appropriate supports to your student.

A school counselor, psychologist, and/or social worker may be identified to meet with your student in order to help address needs that your student may be experiencing. The school counselor, psychologist, and/or social worker may use printed material to help with the discussions. If you would like to review this material prior to or afterwards, it will be made available to you.

Please also be aware the district and its service providers have a responsibility to ensure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situations that might occur. Information concerning life-threatening situations will be shared with the parent/guardian and an appropriate school administrator; this information will be shared with other school personnel only on a need-to-know basis. Information regarding a student’s drug or alcohol use will be reported to the parent/guardian. State law requires that information suggestive of child abuse must be reported to the appropriate governmental agency or law enforcement. Under Utah Code §53E-9-203, school district personnel are required to have your consent as a parent or legal guardian, except in response to a situation which a school employee reasonably believes to be an emergency or by order of court, if particular subjects, identified in the statute, are discussed with your student. You would be contacted for your consent prior to any such discussions. If a parent/legal guardian desires to seek professional services outside Canyons School District, they can contact Student Services for information.

In addition, this permission is valid for the current school year unless one of the following occurs: (1) the student completes or withdraws from the course, activity or program for which this permission was granted; or (2) a written withdrawal of authorization is submitted to the attending school counselor/school social worker/school psychologist by the authorizing parent or guardian.

I also understand the behavioral health screening/assessment is **not** being conducted for purposes of special education evaluation under the Individuals with Disabilities in Education Act (IDEA). In the event there are subsequent concerns, and/or needs to conduct an IDEA evaluation, all procedural safeguards under IDEA must be followed.

I hereby waive the two (2) week waiting period so that the behavioral screening/assessment may proceed immediately. I understand the Utah Family Education Rights and Privacy Act requires a two-week waiting period prior to the student being interviewed, unless a parent waives this notification period. Checking this box, along with your signature, will allow us to waive this particular provision of the law and offer this service to your child immediately.

I give consent for my student to participate in behavioral health screenings/assessments.

Signature of Parent/Legal Guardian

Parent/Legal Guardian Printed Name _____ Date _____
Parent/Legal Guardian Signature _____ Date _____
Parent/Legal Guardian Contact Info _____