

October 14, 2015

Dear Parents or Guardians:

The adolescent years are marked by a roller-coaster ride of emotions—difficult for youth, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however, depression (among the most common of mental illnesses) appears to be occurring at a much earlier age. Depression—which is treatable—is a leading risk factor for suicide.

To proactively address these issues, Davis Drive Middle is offering depression awareness and suicide prevention training as part of the SOS Signs of Suicide® Prevention Program. The program has proven to be successful at increasing the number of students seeking help for themselves or for a friend and is the only school-based suicide prevention program listed by SAMHSA for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts.

Our goals in participating in this program are straightforward:

- To help our students understand that depression is a treatable illness
- 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 suicidality in themselves or a friend
- To impress upon youth that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns
- To help students know whom in the school they can turn to for help, if they need it

The Davis Drive Counseling department and Healthful Living department are working together to insure each lesson will have the proper instruction and supervision. A Healthful Living teacher and School Counselor will be present in each classroom. The lesson will take place in your child's Healthful Living class on the following dates:

Gray Rotation (Clark, Lewis, Zappia)- October 27-28, 2015

Navy Rotation (Rice, Swanger, Schoonover)-November 4-5, 2015

If you do **NOT** want your child to participate in the SOS Middle School program, please complete the enclosed form and return it to Davis Drive Middle to the attention of your child's Healthful Living teacher. If we do not hear from you, we will assume your child has permission to participate in this program.

Sincerely,

Helen Everitt

7th Grade Counselor

I, _____ (Parent/Guardian name), **do not give permission** for
_____ (Student name) to participate in the *Signs Of Suicide Prevention Program*

X _____
Signature of Parent/Guardian *Date*