Jefferson Local School District

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Mrs. Jill Smith Treasurer Mrs. Carla Stover Asst. Treasurer

Mr. William Mullett Superintendent Mr. Robert Hiss Director of Operations Mrs. Christine Elkins Cafeteria Supervisor

12/3/2018

Dear Parent or Guardian:

Jefferson Local Schools, in collaboration with Nationwide Children's Hospital, is again providing a training for the 6th and 9th grade students called Signs of Suicide. The Signs of Suicide® Prevention Program (SOS) is a school-based suicide prevention program supported by SAMHSA. The goal of the curriculum is to prevent and reduce suicidal behavior by expanding the safety net for students experiencing mental and emotional distress. The training uses a video to help guide classroom discussions. The presentations will be on January 9th and 10th 2019.

Students are trained to recognize warning signs of suicide in a friend as well as an appropriate response. Additionally, students are provided the opportunity to speak to a school counselor if they are concerned about their own emotional well-being. Screening to assess for depression and suicide risk is also a part of the curriculum. In cooperation with parents, students may be referred for professional help as needed.

SOS is a nationally-known suicide prevention program that parents and schools have found to be a very positive experience. It reduces the stigma of depression and lets students and adults know that they are capable of helping students in need of support. There is clear evidence that using a prevention program like SOS lowers the risk of a child making a suicide attempt and does not put the idea in a child's mind. However, we always respect parents' rights to choose what is best for their child.

If you do NOT wish for your child to participate in the SOS Prevention Program, please complete the form below and return it to Melissa Ferguson, RN District Nurse by January 8, 2019

If we do not hear from you, we will assume your child has permission to participate in this program.

Child Name: _____ Grade(s): ____ Date: _____

Parent Name: ____ Parent Signature _____

I do NOT want my child to participate in the SOS program.