

Dudley-Charlton Regional School District

Charlton Middle School

2 Oxford RD

Charlton, Massachusetts 01507

(508) 248-1423

Dean W. Packard
Principal

Peter J. Olson
Assistant Principal

Dear Parent or Guardian:

In working with teens, we know that an adolescent's middle years can be marked by many emotional journeys – all of which can be difficult for students, families and educators to fully understand and navigate. As part of our mission and in keeping our teens safe, we are dedicated to educating our teens, their families and our CMS faculty and staff in recognizing the characteristics of depression among teens.

In order to proactively address adolescent depression and per the State of Massachusetts counseling recommendations, Charlton Middle School is offering a screening and suicide prevention training as part of the SOS: Signs of Suicide Prevention program. ® The SOS Signs of Suicide Prevention program ® is the only school-based suicide prevention program selected by the Substance Abuse and Mental Health Screening Administration for its National Registry of Evidence-Based Programs and Practices, which address suicide risk and depression, while reducing suicide attempts. *In a randomized controlled study, the SOS program showed a reduction in self-reported suicide attempts by 40%.

*(Information provided by: BMC Public Health, July 2007)

For our first year, we will present the training to grade 7 students for screening. We would like to:

- Help our students understand that depression is treatable and help students assess whether or not they have symptoms consistent with depression
- Show that suicide is preventable when depression is treated
- Assist students in identifying serious depression and potential suicidality in themselves or peers
- Impress upon students that they can help themselves or a friend by taking the simple step of talking to a trusted adult

We have set aside **Thursday, May 24th** as our training and screening day. Grade 7 students will watch the Signs of Suicide video called “SOS: Preventing Teen Suicide” ® which will be followed by a private and brief overview of the program. (Although students will be seated as a group, all students will be asked to refrain from using specific names or situations within the group setting.) Next, students will report back to their homerooms and will complete the Signs of Suicide Student Depression screening form ® which will be then reviewed by members of the counseling team. **Please note:** This tool cannot provide a diagnosis of depression, but does give an indication of whether a young person should be referred to a counseling professional. (A *template of the screening tool is included on page 2.*) Additionally, our CMS faculty and staff are also involved in being trained in order to be aware of the signs of depression. It is essential that we can all effectively respond to a student who may approach one of us for help.

Please sign the attached permission slip allowing your child to watch the SOS training video and to complete a written screening for depression. Please return this form to your child's homeroom teacher no later than: **Tuesday, May 22nd**. Should you have any questions or concerns, please contact your child's school counselor. We are more than happy to be of help. **(IMPORTANT: If this form is not returned, your child will be screened.)**

Screening Tool



(Please return this form to your homeroom teacher by: Tuesday, May 22nd. Thank you!)

SOS: Sign of Suicide Training & Intervention Permission to Participate

Yes, my child _____ may take part in the SOS: Suicide Prevention Program.
(Student's first and last name)

Parent/Guardian Signature: _____ Date: _____
(First and last name)

No, my child _____ may not participate in the SOS: Suicide Prevention Program.
(Student's first and last name)

Parent/Guardian Signature: _____ Date: _____
(First and last name)

