

**DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT  
DUDLEY MIDDLE SCHOOL**

70 Dudley-Oxford Road  
Dudley, Massachusetts 01571

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Christopher Starczewski, Principal  
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Dear Parent or Guardian:

Research shows that an adolescent's brain continues to develop until they reach their early 20's. Research also demonstrates that using alcohol or drugs impacts on this brain development and affects a student's ability to learn. For this reason, Dudley Middle School will offer drug and alcohol screenings for all 7<sup>th</sup> grade students; we are mandated to complete a screening for one grade in our school and one grade at the high school.

We will utilize a protocol entitled SBIRT (Screening, Brief Intervention, and Referral to Treatment) that has been implemented throughout the United States. Many youth who have participated in SBIRT nationally have either continued to delay their use of alcohol and other drugs or decreased their substance use. Students will be asked to complete a short survey about drugs and alcohol. All results of the survey will be kept strictly confidential and will not be provided to any school personnel beyond the counseling team, administration, and nurse. The survey results will be discussed with your student by staff trained to do so. If your child's results indicate a potential concern about drug or alcohol use, they will be referred to the guidance counselor or other DMS professional for further discussion.

SBIRT is not designed to punish a student for their choices but, instead, provide positive reinforcement and motivation to make healthy decisions regarding their use of alcohol and drugs. It will also provide the opportunity to proactively identify and assist students who may be experimenting with drugs and/or alcohol to ensure that they do not fall behind in their school performance.

If you do NOT wish your child to participate in this screening, please complete the enclosed form and return it to Ms. Incutto by Monday, December 4, 2017. If we do not hear from you, we will assume your child has permission to participate in this program. If you would like to view the questions your child will be asked please contact Mr. Strazzullo.

Respectfully,

Christopher E. Starczewski

**Parental Non-Consent Slip**

I, \_\_\_\_\_, do NOT give permission for

\_\_\_\_\_ to participate in the Screening, Brief Intervention, Referral to Treatment program for alcohol and other drugs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"...to advance the knowledge and well being of our children and our community."*