

September 12, 2024

Dear Parent / Guardian,

This school year, school staff are working to teach students about mental health and how to seek help if they are worried about themselves or a friend. We are using a program called *Signs of Suicide (SOS)*. The program teaches students about this difficult topic and encourages them to seek help.

SOS has been used by thousands of schools over the past few decades. Studies have shown that it effectively teaches students about depression and suicide while reducing the number of students' self-reported suicide attempts.

Through the program, students learn:

- that depression is treatable, so they are encouraged to seek help
- how to identify depression and potential suicide risk in themselves or a friend
- to ACT (Acknowledge, Care and Tell a trusted adult) if concerned about themselves or a friend
- who they can turn to at school for help

On October 7 and October 16, the SOS program will be presented to all **11th grade** students during Advisory and WIN. Students will watch age-appropriate video clips and participate in a guided discussion about depression, suicide, and what to do if they are concerned about a friend.

Following the video, students will complete a brief depression screening tool. This tool cannot provide a diagnosis of depression but does indicate whether a young person should be referred for evaluation by a mental health professional.

We encourage you to visit www.sosignsof suicide.org/parent for information on warning signs for youth suicide, useful resources, and some of the key messages students will learn.

If you do NOT wish your child to participate in the SOS High School Program in school, please complete the bottom of this form and return it to the high school counseling department, to the attention of Jacqueline Naughton, school counselor, by Friday, October 4, 2024. Please contact Ms. Naughton at 703-426-1155 or janaughton@fcps.edu if you have any questions. If we do not hear from you, we will assume your child has permission to participate in this program.

I do **NOT** give permission for my student, _____, to participate in the SOS depression lesson at Lake Braddock High School.

Parent/guardian name (please print) _____

Parent/guardian signature _____ Date: _____

Sincerely,
Jacqueline Naughton, School Counselor
janaughton@fcps.edu