
Dear Parent or Guardian:

The adolescent years are marked by a roller-coaster ride of emotions—difficult for students and their parents. 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. In addition, self-injury has become a growing problem among youth.

To proactively address these issues, **all Green Dot Public Schools** are offering depression awareness and suicide prevention training as part of the SOS Signs of Suicide® Prevention Program. The program encourages students to seek help if they are concerned about themselves or a friend. The SOS Program is the only youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression, as well as a reduction in actual 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 suicide risk 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 trusted adult about their concerns
- To teach students who they can turn to at school for help, if they need it

If you do **NOT** wish your child participating in SOS Program in school, please complete the form below and return it to the main office by **August 29th 2018**. If we do not obtain your response, we will assume your child has permission to participate in this program.

For more information, you may access the program by visiting signsofsuicide.org.

Username: greendot-par

Password: greendot

Sincerely,

Animo Venice Charter High School

If you do NOT wish for your child to receive the SOS lessons on suicide prevention curriculum, please sign below & return with your student.

I, _____, do NOT wish for my child,
(NAME OF PARENT/GUARDIAN)

_____, to receive the suicide prevention curriculum.
(NAME OF CHILD)

Signature of Parent/Guardian: _____ Date: _____