Parent Notification Letter for Universal Behavior Screening

Date: 9.16.19

TO: All Parents and Guardians

FROM: Robertson County Schools

RE: Universal Screening Tool for Behavior

Robertson County Schools has begun the process of creating systems of support linked directly to the needs of our students. This comprehensive system is called MTSS, or Multi-Tiered Systems of Support. MTSS provides all students with timely and targeted interventions based upon the results of universal screening. The term “universal” simply means the screening is for all students.

Universal behavior screening helps school staff to determine which students may be “at risk” or in need of additional supports. This is important because we know that early identification of at-risk students and focused intervention can help prevent problems which interfere with success in school later on. The use of universal screening refines and strengthens our efforts to help all of our students be successful. MTSS is focused on preventative and positive supports for students.

The universal behavior screening tool, called the SRSS - IE (Student Risk Screening Scale - Internalizing and Externalizing) is completed by the classroom or homeroom teacher and takes only a few minutes to complete. Students are not directly involved in the screening process. The results of the tool will be used to provide identified students the opportunity for mentoring, social skill building, self-monitoring, study skills, or other instructional supports to help them engage positively in learning. You will be notified if your child is selected for participation in a positive intervention program or support.

We plan to complete the SRSS-IE on 9.23-10.4.2019 and 4.1-24.

Contact ­­Cody Capps at (615) 384-5588 if you have questions or concerns. Thank you for your willingness to assist Robertson County Schools in building a system of student supports that is linked directly to data. This will ensure that each of our students has the opportunity to receive the assistance they need to achieve success.

Opt out information - If for any reason you do not wish your child to be screened for potential participation in supportive and positive behavioral interventions, please check the box below, fill out and sign this form, and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_by\_\_\_\_\_\_\_\_.

* + By checking this box, I indicate that I do *not* wish for my child to be screened

**\*\*Please note that you only need to fill out and send back this form if your child is NOT allowed to be part of the universal behavior screening as described above.**

Student name (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Date of Birth (Month/Day/Year) \_\_/\_\_\_/\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_