



The School Board of Brevard County, Florida
PARENT LETTER
(SUICIDE RISK INQUIRY)

DATE: _____

Dear Parent of _____ (student) attending _____(school),

Your child was spoken to today by school personnel due to verbal and/or written statements made by your child that could potentially lead to the risk of self-harm. You were contacted by the school to discuss the results of this inquiry and provide you with important information.

The school team is asking for your consideration to follow through with one of the options below. Ultimately, the decision is yours to make regarding your child:

- Seek mental health assistance. Below are agencies that currently serve students within the district. Checked are ones that come to your child’s school.
 - ___ Lifetime Counseling Center
 - ___ IMPOWER
 - ___ Children’s Home Society
 - ___ Big Bear Counseling
 - ___ Invo
 - ___ Kinder Konsulting
 - ___ Angels for Kids
- Follow-up with family physician or mental health professional for counseling/evaluation
- Contact your private insurance to obtain a mental health service provider
- Contact your Employee Assistance Program (EAP) for mental health services
- Other: _____

The signature below indicates you (parent/legal guardian of student) have been informed of the school team’s determination regarding your child’s current mental health status. Your assistance and cooperation regarding your child’s mental health is extremely important to us.

Informed ___ in person ___ by phone by _____

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

If parent/legal guardian cannot be reached, it is imperative to follow through with Baker Act Procedures for the safety of the child and others. (Section 394.463, Florida Statutes Involuntary Examination).

Attach: MFQ or PHQ-9
C-SSRS