



We are Washington. We care. We contribute. We LEARN.

220 Locust Street
Washington, MO 63090
636-231-2000

Dr. Jennifer Kephart, Superintendent
Dr. Rachael Franssen- Assistant Superintendent, Maranda Anderson- Assistant Superintendent, John McColloch- Assistant Superintendent

School District of Washington Suicide Prevention Opt-Out Letter

School Year 2023- 2024

To School District of Washington Parents/Guardians:

In an effort to reduce depression and suicide among our students, our school has invited CHADS Coalition for Mental Health to deliver the evidence-based Signs of Suicide® (SOS®) program during one class period for students in 5th-12th grade. The goal is to help students recognize the symptoms of depression or warning signs of suicide in themselves or their friends and teach them the appropriate action steps they should take to get help. This presentation is in line with the grade level curriculum for Health/Physical Education classes and has been approved by the Department of Elementary and Secondary Education.

After the presentation, students will complete a response slip indicating if they would like to speak to a counselor about themselves or someone they know based on what they learn during the program. All students who indicate the need to speak to a counselor, will be seen by the school counselor within a few days, depending on the urgency the student indicated on his/her response slip.

These presentations meet the guidelines of [RSMo 173.048](#) as outlined with the Department of Elementary and Secondary Education [\[DESE\]](#). These presentations are an important step toward protecting our students by identifying mental health concerns and encouraging them to seek help from trusted adults.

If you would like more information about CHADS Coalition for Mental Health, please visit www.chads.coalition.org.

There is no further action needed if you would like your child to attend the presentation.

If you wish for your student to **NOT** participate in this program, please complete the bottom of this form and return to your school office.

Respectfully,

School District of Washington

_____ I do NOT wish for my student to participate in this program.

Student Name: _____

Parent/Guardian: _____





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School District of Washington Suicide Prevention Schedule

Augusta Elementary School	5th 6th	October 4	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
Campbellton Elementary School	5th 6th	September 21	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
Clearview Elementary School	5th 6th	September 21	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
Labadie Elementary School	5th 6th	September 27	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
Marthasville Elementary School	5th 6th	October 4	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
South Point Elementary School	5th 6th	September 27	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
Washington West Elementary School	5th 6th	September 20	<i>Signs of Suicide (SOS) Signs of Suicide- Bully Free</i>
Washington Middle School	7th 8th	September 26 September 27/28	<i>Signs of Suicide- Peer Pressure Signs of Suicide- Technology & Mental Health</i>
Washington High School & Four Rivers Career Center	9th 10th 11th 12th	October 25 October 11 October 4 October 18 *November 1,8	<i>Signs of Suicide (SOS) Signs of Suicide- Health Coping Signs of Suicide- Self Injury Signs of Suicide: Life After High School</i>