



**Student Services**  
**Thomas Jefferson High School for Science and Technology**

**FAIRFAX COUNTY  
PUBLIC SCHOOLS**

**6560 Braddock Road  
Alexandria, VA 22312**

February 3, 2016

Dear Parent/Guardian,

High school can be a roller-coaster of emotions, full of challenges for teens, parents, and educators. At times, it is understandably easy to confuse typical adolescent behavior with depression, but it remains an important distinction to make. Depression is among the most common mental illnesses and it appears to be occurring at an earlier age. In the past decade, we have seen teen suicide rates double.

In order to proactively address the issue, TJ is offering a depression screening and suicide prevention program called **Acknowledge, Care, Tell (ACT)**. This program includes the *SOS Signs of Suicide Prevention* program which has been used by thousands of schools over the past decade, including most high schools in FCPS. It has proven successful at increasing help-seeking by students who have significant concerns about themselves or a friend. It is the only school-based suicide prevention program selected by SAMSHA for its National Registry of Evidence-Based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007).

Our goals in using 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 or other mental illness
- To help students understand the signs and symptoms related to depression
- To provide students training in how to help a friend who may be experiencing a mental health crisis
- To impress upon teens that they can help themselves or a friend by taking the simple step of talking to a trusted adult about their concerns

-----✂----- Please remove and return the form below if you wish to opt-OUT -----✂-----

*Please see reverse side for opt-out form*

At TJ, the Acknowledge, Care, Tell (ACT) program will be implemented with freshmen and juniors this year. Freshmen will participate in this program on Feb 9<sup>th</sup> and 10<sup>th</sup> during their Health & PE section. This program will last approximately one hour. Students will be shown a video describing common warning signs of depression and suicide risk and given strategies for helping themselves or a friend seek help. The program this year will feature a young adult guest speaker from the National Alliance on Mental Illness, who will speak for about 15 minutes. Students will complete a depression screening questionnaire identified only by their Student ID number. They will also complete anonymous pre- and post-questionnaires to assess learning. This data will be collected and viewed only by the depression screening team, comprised of personnel from the Student Services and Special Services departments, including school counselors, the school psychologist and the school social worker. The data will be aggregated and shared back with the community. Students will also complete a response card indicating whether they would like to speak with a member of the depression screening team, either about themselves or about a friend.

This tool **does not provide a diagnosis of depression**, but does give an indication of whether a young person should talk to a mental health professional. If you are concerned about your son or daughter after looking over the Parent screening form, we encourage you to follow-up with a mental health professional for a complete evaluation.

If you do NOT wish your child to complete a screening questionnaire and participate in the Acknowledge, Care, Tell (ACT) program, please remove and return the below form and return it to TJ, to the attention of Greg Myers. You may also email Greg Myers at [gmyers@fcps.edu](mailto:gmyers@fcps.edu) to opt-out. If we do not hear from you, we will assume your child has permission to participate in this program.

If you have any questions or concerns about this program or the enclosed screening form, please do not hesitate to contact Greg Myers or Brandon Kosatka (contact information below).

Sincerely,

Greg Myers  
School Psychologist  
(703) 658-5926  
[gmyers@fcps.edu](mailto:gmyers@fcps.edu)

Brandon Kosatka  
Director of Student Services  
(703) 750-8341  
[bpkosatka@fcps.edu](mailto:bpkosatka@fcps.edu)

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I, \_\_\_\_\_, **DO NOT** give permission for \_\_\_\_\_

*Name of Parent/Guardian*

*Name of Student*

to participate in the Acknowledge, Care, Tell (ACT) depression screening and suicide prevention program

(X) \_\_\_\_\_

*Signature of Parent/Guardian*