



Dear Parent/Guardian,

As part of our commitment to prevention education, Gilbert Public Schools (GPS) is offering depression awareness and suicide prevention training as part of the **SOS (Signs of Suicide) Prevention Program**. The program has proven to be successful at increasing help seeking by students concerned about themselves or a friend and is the only school-based suicide prevention program listed by the Substance Abuse and Mental Health Services Administration as an evidence-based program. It helps students and adults demystify the confusion around what constitutes normal development and what may be a potentially serious issue.

All of our campus behavioral health team professionals (school social workers, psychologists, nurses and counselors) in the district have been trained to facilitate the curriculum. The behavioral health teams on each campus will be responsible for conducting the presentations to students.

Our goals for participating in this program are the following:

- Review the symptoms of depression and dispel myths associated with suicide
- Discuss the risk factors, protective factors, and warning signs of youth suicide
- Strategies on how to respond if a student is demonstrating warning signs
- Resources available to adults and students

If you do **not** wish for your child to participate in the program, please complete the parent permission slip that will be sent to you prior to the start of student presentations. If we do not hear from you, we will assume your child has permission to participate in this program.

Please contact me at (480) 545-2181, or by email at susan.cadena@gilbertschools.net if you have any questions or would like further information regarding the curriculum. We hope you will join us in our continuing commitment to prevention through education!

Sincerely,

Susan L. Cadena, MSW
K-12 Prevention Coordinator
Gilbert Public Schools

Presentations will take place on the following date: September 13, 2021

I **DO NOT** want my student, _____, to participate in the program.
(Student Name)

Parent/Guardian _____
(Please Print Name)

Signature _____ Date _____