

Social, Emotional & Behavioral Health Universal Screener Opt-Out Form

In order to	opt out of the screeni	ngs, this form m	ust be turned ir	n to your child's	second period	teacher by
March 20,	2020.					

I do not want my child to be part of the universal screening for social, emotional, and behavioral health. I understand that by signing this form, my student will not be included in the school-wide screenings.

Student name (please print):
Parent / Guardian name (please print):
Parent / Guardian signature:
Date: