



Locust Grove Middle School

Kevin Van Tone, Principal

Lisa Butler Green, Ph.D., Assistant Principal  
Peter Mullvain, Ed.D., Assistant Principal

August 9, 2018

Dear 7<sup>th</sup> Parent or Guardian:

The social/emotional well-being and physical safety of each student is extremely important in Henry County. In order to proactively address concerns of depression and child/adolescent suicide, the district has implemented the Signs of Suicide (SOS) Prevention Program. Last year, if your child was enrolled at LGMS, he/she participated in this prevention lesson.

This year, the counseling department will conduct a brief "refresher" lesson focusing only on the key points of the program. Our SOS program goals are as follows:

- To explain that suicide is a preventable tragedy that often occurs as a result of untreated depression
- To provide students training in how to identify serious depression and potential risk of suicide in a friend
- To impress upon youth that they can help themselves or a friend by taking the simple step of talking to a trusted adult about their concerns
- To teach students who they can turn to at school for help, if they need it

The Locust Grove Middle School Counseling Department will be coordinating and delivering the Signs of Suicide "Refresher" Prevention Lesson through 7<sup>th</sup> grade lab classes on the following dates: Tuesday, August 21 and Thursday, August 23, 2018.

If you **DO NOT** want child to participate in the SOS "Refresher" Prevention Lesson, please complete and return the form **on the back** of this letter to the Counseling Department by **Monday, August 20, 2018**. If we do not hear from you by the following date: Monday, August 20, 2018, we will assume your child has permission to participate in this program.

If you have any questions or concerns about this program, please do not hesitate to contact the School Counseling Department at 770-957-6055 or the Student Services department of the Central Office at 770-957-6601.

Sincerely,

Locust Grove Middle School Counseling Department

**Opt-Out Response: Only required if opting out (PLEASE PRINT NAMES)**

I, (Parent) \_\_\_\_\_, **DO NOT** give permission for (Student) \_\_\_\_\_  
to participate in the Signs of Suicide "Refresher" Prevention Program at school on the following date:  
August 21 or August 23, 2018.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_