

Dear Parent or Guardian:

The adolescent years are marked by a roller-coaster ride of emotions- difficult for youth, their parents, and educators. It is easy to misread depression as normal adolescent turmoil; however, depression (among the most common of mental illnesses) appears to be occurring at a much earlier age. Depression- which is treatable-is a leading risk factor for suicide.

To proactively address these issues, Thunder Ridge Middle School is offering a depression awareness and suicide prevention training through the SOS Middle School Program. This program has been developed by the highly regarded non-profit organization that created SOS: Signs Of Suicide program for High Schools, used by thousands of schools nationwide since 2000. Cherry Creek Schools has decided to offer this training to all middle school students throughout the district. It has proven successful at increasing help seeking by students concerned about themselves or a friend and is the only school-based suicide prevention program to show a reduction in suicide attempts in a randomized, controlled study (*American Journal of Public Health*, March 2004). Our goals in participating in 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
- To provide students training in how to identify serious depression and potential in themselves or a friend
- To impress upon youth that they can help themselves or a friend by taking the simple step of talking to a responsible adult about their concerns
- To help students know whom, in the school, they can turn to for help, if they need it

We are enclosing a copy of the Parent Resource List so that you can have information and resources about depression *and* its related risks.

If you do *NOT* wish your child to participate on SOS Middle School Program in school, please complete the enclosed form and return it to Thunder Ridge Middle School to the attention of Student Services. If we do not hear from you, we will assume your child has permission to participate in this program.

Sincerely,



I, _____, ***DO NOT*** give my permission for my student _____ to participate in the *SOS: Get into the ACT Program*, to take place the week of September 7th - 10th 2021.

X _____ (parent/guardian signature)