***To***: Parents and guardians of students at XXXX Elementary School

***From***: Name of Administrator, Name of School District

***Dates***: During the week of September XX, XXXX

 During the week of February XX, XXXX

***Grades***: Pre-K through 5th

***Activity***: Student Risk Screening Scale – Internalizing/Externalizing (SSRS-IE)

***Summary***: This is a brief behavioral screening questionnaire administered two times during the school year. Teachers will complete the 12 items survey for each student. Teachers will rate 12 behavioral attributes using a scale of “Never”, “Occasionally”, “Sometimes”, or “Frequently.” The behaviors are grouped into 2 scales:

1) internalizing concerns (5 items)

2) externalizing concerns (7 items)

***Opt Out***: If you do not wish for your child to participate in the survey a parent/guardian must sign and return the opt out option below no later than XXXXX date.

***Parent Resources***: **Student Risk Screening Scale – Internalizing/ Externalizing (SRSS-IE)**

Administrator Contact Info [*https://www.ci3t.org/screening*](https://www.ci3t.org/screening)

OPT OUT

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ elect to opt out of the Student Risk Screening Scale – Internalizing/Externalizing (SRSS-IE) survey for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 **(Student’s Name)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

Please return this form no later than XXXXX to the following school official: NAME, Assistant Principal.

This notice is being provided to you under The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h.