

# Sample Parent Letter

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*XXX, Principal*  
*XXX, Dean*  
*XXX, Vice Principal*  
*XXX, Vice Principal*

Insert Logo here

*Address line 1*  
*Address line 2*  
*Phone/Fax*

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As your child’s caregiver, we know that you desire the best resources for your child and the young people in our community. [INSERT DATA SOURCE] Health Survey data consistently demonstrates that a small number of our students try alcohol, marijuana and other drug and by the end of high school, many more students report substance use.

In order to help prevent students from starting to use substances, or intervene with early use, [INSERT SCHOOL NAME] nursing and counseling staff will be providing an interview-based screening for 9th grade students about the use of alcohol, marijuana, and other drugs. This screening utilizes the most commonly used substance use screening tool for adolescents in Massachusetts, the CRAFFT. Student screening sessions will be brief (approximately 5 minutes) and conducted confidentially in private, one-on-one sessions conducted by the school nurse or mental health professional with the 9<sup>th</sup> grade students. Students who are not using substances will have their healthy choices reinforced by the screener. The screener will provide brief feedback to any student who reports using substances, or is at risk for future substance use. If needed, the student will be referred to our guidance department for further evaluation. Results of the screening will not be included in your student’s school record, nor will results be shared with any staff other than the SBIRT (Screening, Brief Intervention, Referral to Treatment) Team. The SBIRT Team is composed of the nursing staff, the mental health staff and your child’s guidance counselor. All students will receive some educational material and a resource list at the time of the screening.

As with any school screening, you have the right to opt your child out of this screening. Please contact [INSERT CONTACT NAME AND TITLE], via email [INSERT EMAIL ADDRESS] if you wish to exclude your child in this screening by [INSERT DATE]. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions. **Screening will be conducted during your child’s Physical Education class on [INSERT DATES], if they have PE first semester and [INSERT DATES] if they have PE second semester.**

One way to prevent youth substance use is to talk with your child about your family’s thoughts and expectations regarding substance use. Research shows that parents’ influence is the #1 reason young people decide not to drink alcohol. For ideas on how to begin these conversations, please refer to the parent resources included in this packet. Together, schools and parents CAN make a difference for the youth in [INSERT COMMUNITY NAME].

Sincerely,

[INSERT SBIRT LEADER NAME]  
[INSERT JOB TITLE]

[INSERT PRINCIPAL NAME]  
Principal [INSERT SCHOOL]