

PINELLAS COUNTY SCHOOLS  
**INFORMED CONSENT FORM FOR SCREENING  
PROJECT TIERS**

Pinellas County Schools is committed to supporting the wellbeing of all students. We are partnering with the University of South Florida via Project TIERS (Targeted and Intensive Emotional and Relational Supports), a federally funded program for providing mental health services in schools. Your child's data as it relates to the impact of services will not be used for research, now or in the future. Through this partnership, students attending select Pinellas County elementary schools will have the opportunity to be screened to see if they may benefit from additional emotional or social supports provided by the Project TIERS team. Legal parent/guardian consent is required for both phases of this program. All kindergarten through 5th grade students at your child's school are invited to participate in the initial screening process. The information in this document should help you to decide if your child should participate.

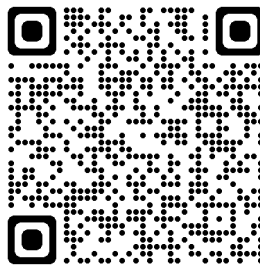
**Informed Consent**

Your child's participation is voluntary. As the legal parent/guardian of a student enrolled at \_\_\_\_\_, you must provide written informed consent for these services. You may withdraw your consent at any time. Whether or not you consent to services will not impact your child's grades or other opportunities at school.

**Services To Be Provided**

This consent form is for screening services only for the current school year. If you consent, your child and/or your child's teacher will complete the SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) up to two times this school year (e.g., fall and winter). Children who receive Project TIERS services will not be re-screened within the same school year. The SAEBRS screener is a brief questionnaire designed to identify children who may potentially benefit from additional supports to build social skills, emotional well-being, and resilience. The SAEBRS is computer-based, can be read aloud to your child if needed, and takes approximately 3 minutes to complete. Only students in 2nd-5th grade will complete a self-report (mySAEBRS). **A description of the mySAEBRS screening and all questions your child would respond to is available to you:**

Scan QR Code



Shortened web browser link

<https://bit.ly/3SYkzPA>

Full web browser link

[https://fastbridge.illuminateed.com/hc/en-us/article\\_attachments/17588617533595](https://fastbridge.illuminateed.com/hc/en-us/article_attachments/17588617533595)

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The table at the top of page two of the linked document includes all questions your child would respond to across three broad domains of Social Behavior, Academic Behavior, and Emotional Behavior. The potential responses are *Never*, *Sometimes*, *Often*, and *Almost Always*.

Personnel at your child's school will collect screening data and provide follow-up for those students who are identified as potentially benefiting from additional supports. These additional supports *may* include the opportunity to participate in small group intervention sessions provided through Project TIERS. These small group sessions are designed to enhance social skills, emotional well-being, coping skills, and resilience. Groups will be facilitated by trained graduate students from USF's School Psychology program who will be supervised by a credentialed school psychologist. A second informed consent form will be provided for you to review and sign before Project TIERS staff provide any additional supports to your child. Agreeing to have your child screened does not obligate you to agree for your child to participate in Project TIERS groups.

**Benefits and Risks**

There are no costs to you if your child participates. As the legal parent/guardian, you understand that there may be benefits and risks associated with participation in screening. Benefits include better understanding your child's strengths and needs so that services can be provided. Some children may feel discomfort when answering personal questions, but it is not anticipated that the discomfort will be any more than they would experience in the course of a typical school day. Your child's participation in screening is voluntary. Students will be excused if they express that they do not wish to complete the questionnaire and will be permitted to stop answering questions at any time if they begin the questionnaire but change their mind. Although completing the screener is not anticipated to cause significant discomfort, all students will be reminded of student services personnel (e.g., school counselor, school psychologist, school social worker) available on campus in the event they would like to speak to someone after completing the questionnaire.

**Confidentiality**

Your child's information will be kept private and confidential under the law, as with all other student data in PCS. Only authorized individuals will have access to your child's data. Anyone with the authority to look at your child's information must keep it confidential.

In addition to the information described above, if you consent, we will share the following unidentifiable information with authorized Project TIERS staff: participating child's grade in school, child's race and ethnicity, and child's home language.

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Child's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_.

I have read, understand, and agree to the terms of the Project TIERS Consent for Screening.

**Please check one:**

☐ I give permission for my child to participate in Project TIERS screening.

I understand that consent is voluntary on my part and may be withdrawn at any time by signing and dating a written note requesting termination of services. If I later withdraw consent, I understand that the withdrawal of consent is not retroactive (i.e., it does not negate an action that occurred after consent was granted and before consent was withdrawn).

I understand that by signing this form I am giving consent for screening only and that I will receive another consent form with additional information if my child is selected to receive additional supports from the Project TIERS team.

☐ I do NOT give permission for my child to participate in Project TIERS screening. My child will not participate in screening and will not receive additional supports provided through Project TIERS unless I later consent to services.

Legal Parent/Guardian Name \_\_\_\_\_

Legal Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO YOUR CHILD'S TEACHER**