



SHAKER HEIGHTS CITY SCHOOL DISTRICT

SHAKER HEIGHTS HIGH SCHOOL
15911 Aldersyde Drive
Shaker Heights, OH 44120
(216) 295-4200

ERIC JULI
Principal

October 3, 2021

Dear Parents/Guardians,

Shaker Heights City Schools partner with Bellefaire Jewish Children's Bureau (Bellefaire) in order to provide mental health services to students. One of Bellefaire's programs, the Social Advocates for Youth (SAY), provides prevention and consultation services to youth who are struggling with any issues related to adolescence such as bullying, relationships, stress, anxiety, depression, and/or substance use. SAY services are provided by licensed mental health professionals at no costs to students or families. Students are able to receive services in individual sessions and in small groups.

In an effort to improve meeting the social-emotional needs of students, SAY services are available to all students. Information shared by your child with SAY is confidential and will not be shared without consent unless there is a concern regarding safety or risk. If SAY has any concerns about your child, related to safety or risk, all appropriate parties will be notified immediately.

You do not need to take any action if you wish for your child to have access to SAY services. However, if at any time, you do not consent to your child's participation in SAY, you must return the second page of this letter to the high school main office or directly to Nancy Schaumburg at schaumburg_n@shaker.org.

If you would like more information about SAY, you may visit:

<http://www.bellefairejcb.org/programs-and-services/prevention-and-early-intervention/>

or contact: Chris Ruma-Cullen, Director of SAY, office 216-320-8203, email cullenc@bellefairejcb.org.

We appreciate your support in our efforts to provide social-emotional support for your student.

Sincerely,

Eric Juli, Principal

Bellefaire SAY Opt Out Form 2021-22

I **do not** wish for my child, _____, to participate in **all** SAY services for the 2021/22 school year.

I **do not** wish for my child, _____, to participate in the following SAY service(s) for the 2021/22 school year:

Please check all that apply:

Individual Sessions Group Sessions Other _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____