



SCIO CENTRAL SCHOOL
3968 Washington Street, Scio, NY 14880

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September 25, 2024

Dear families,

Because Scio Central School has an ongoing interest in the behavioral and emotional health of our students, we will once again be participating in a brief universal screening survey for measuring behavioral and emotional strengths and weaknesses. Some areas surveyed are optimism, persistence, self-control, self-awareness, empathy and gratitude.

Assessing the behavioral and emotional functioning of adolescents helps to promote student success. Research shows the more positive and resilient traits a student has, the more successful they are in school. Developing and maintaining positive relationships with others can help reduce behavioral and emotional problems.

These surveys will be conducted in grades 4-12 in October 2024 and will be again in the Spring of 2025. Your child does not have to participate and opting out will not have an impact on your child's academic status or access to services. All information collected will be kept confidential.

Your child's counselor will receive the results of the survey. If your child responds to the survey in a way that indicates possible risks that impact school performance, they will meet with their counselor. You will be included in any conversations about how to help your child be successful at school.

Your child's participation in the survey will signal to us your acceptance for your child to participate in the school's behavioral screening process. If you do not want your child to complete the survey, please send the bottom portion of this letter back to Student Services by October 15th, 2024.

You may have your child withdraw participation at any time. If you have additional questions regarding the screening program, please contact Kelly Morehouse at 593-5510 Ext. 1140.

Sincerely,
The Student Services Team

Yes: I want my child to participate in the screening.

You **do not** need to return this form.

NO: Please check the box below and return this form.

I do not want my child to participate in the screening.

Student name: _____ Grade: _____

Parent Signature: _____

* PLEASE RETURN THIS FORM TO STUDENT SERVICES *