

**PARENTAL INFORMED CONSENT NOTIFICATION**  
(Produced by The International Center For The Study of Psychiatry & Psychology www.ICSP.org)

Date: \_\_\_\_\_

Dr./Mr./Ms. \_\_\_\_\_, Superintendent of Schools

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

RE: \_\_\_\_\_  
(student Name)

Dear \_\_\_\_\_:

This is to inform you that under no circumstances is the school district, any school within the school district, or through any other means, to administer to my child \_\_\_\_\_ any survey, analysis, or evaluation for mental or psychological problems, pursuant to the 1998 Protection of Pupil Rights Amendment (PPRA), as amended by the 2003 No Child Left Behind Act (42 US 1232h(b)(2)), which specifically prohibits any such survey, analysis, or evaluation without my/our permission. In accordance with State statutes relating to parental involvement and consent, this letter serves to require prior written notification from the school as well as my written consent concerning any intent to provide mental health screening, social screening or counseling to my child. This restriction applies as well to all EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) services, which are typically provided via state funds. Compliance with this federal law is mandatory and expected.

I appreciate the school's position in these matters and it is regrettable that a notice of this nature is necessary. I/we thank you in advance for your cooperation and compliance with this lawful directive. For our mutual protection, a copy of this letter is on file with my attorney.

Sincerely,

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(date)

cc:

\_\_\_\_\_  
(State Commissioner of Education)

\_\_\_\_\_  
(School Principal)

\_\_\_\_\_  
(Private Attorney)