

FORM 12-1



Judith T. Won Pat, Ed. D.
Superintendent of Education

**DEPARTMENT OF EDUCATION
STUDENT SUPPORT SERVICES DIVISION**

501 Mariner Avenue, Barrigada, Guam 96913

Telephone: (671) 300-1623 / 1624

Email: cjanderson@gdoe.net



Christopher Anderson
Administrator

Informed Consent for Mental Health Screening

FORM TO BE COMPLETED BY: Parent or Legal Guardian, or Student (18 years or older)

Student Name:	
Date of Birth:	
Student ID #:	
School Name:	

I acknowledge that I have read and understood Public Law 31-202 to the best of my ability and read the REFERENCE FOR MENTAL HEALTH SCREENERS, and based on my understanding, I am choosing one of the following:

- (a) **I give my consent** for my child to undergo an evaluation for emotional, behavioral, mental, specific learning disabilities, or other health impairments (mental health screening), and require that I be provided in writing any findings determined.
- (b) Consent means that I do/do not (strike which is inappropriate) gives permission for the information obtained from such survey or testing to become part of my child's school or other record or to be transmitted to any other agency outside of my child's school: _____.

Signature of Parent/Legal Guardian

Date

- (c) **I do not give my consent** for my child to undergo an evaluation for emotional, behavioral, mental, specific learning disabilities, or other health impairments (mental health screening).

Signature of Parent/Legal Guardian

Date