



**SOMERSET PUBLIC SCHOOLS  
SOMERSET-BERKLEY REGIONAL SCHOOL DISTRICT**



**SCHOOL HEALTH SERVICES**

Dear Parent/Guardian,

This year all Massachusetts school districts are required to include a verbal substance use preventive screening as part of their annual mandated universal health screening program. Our district will use the Screening, Brief Intervention and Referral to Treatment (SBIRT) protocol with students in grades 7 and 9. The SBIRT protocol facilitates a one-to-one conversation between each student and a school nurse or counselor in an effort to prevent or at least delay the start of using harmful substances, such as alcohol and marijuana. This program focuses on reinforcing healthy decisions and addressing concerning behaviors around substance use with the goal of improving health, safety and success in school.

We will use the CRAFFT II screening questionnaire, which is the most commonly used substance use screening tool for adolescents in Massachusetts. All screenings will be conducted in a confidential setting in private one-to-one session with one of the nurses or counselors trained in SBIRT screening. Students who are not using substances will have their healthy choices reinforced. The screener will provide brief feedback to any student who reports using substances, or is determined to be at risk for future substance use. What your child tells the screener is confidential, and will not be shared with any other person without prior written consent of the student, parent or guardian, except in cases of immediate medical emergency or when disclosure is otherwise required by state law. No written record of the results of this verbal screening are kept with information that identifies any individual student. Screening results **will not** be included in your child's school record.

Together, schools and parents can make a difference for the youth in our community. One way to prevent youth substance use is to talk with your child about your thoughts and expectations regarding substance use. You can view the CRAFFT tool and other SBIRT resources at [www.masbirt.org/schools](http://www.masbirt.org/schools).

If you have any questions regarding this program, please contact the school nurse. Thank you for your anticipated cooperation.

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**PLEASE RETURN THIS SECTION IF YOU DO NOT WANT YOUR CHILD TO BE SCREENED.**

If a form is not returned, the screening will be performed as required by law.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**I do not give permission for my child to participate in the Substance Use Screening.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_