Fort Hancock ISD

PO Box 98
Fort Hancock, TX 79839
(915) 769-3811, ext 1400, Fax: (915) 769-3940

As a parent or guardian, you have the right to make decisions regarding the well-being of your child. Our goal as a school is to be a supportive partner in that effort, providing effective academic instruction to maximize student learning. In service of that goal, we also work to support the general well-being of our students so they can remain academically focused. As you might expect, teachers and other employees will periodically inquire about a child's well-being, (e.g., asking how a student is feeling). In some cases, though, more formalized efforts may be appropriate, and if that is the case, our intent is to work in ways that are consistent with your goals as the parent or guardian.

Our school offers a variety of health-related and health care services to each student. Those services are related to a student's mental, emotional, or physical health or well-being.
This notice is meant to inform you of services, not necessarily to indicate all these services will be provided to your child. You have the right to withhold consent or decline the provision of any of these services to your child.

If you have consented to the provision of health care services, medication, or a medical procedure considered by the district to be routine care and that will be provided by a person authorized by the district to provide physical or mental health related services, that consent will be considered effective until the end of the school year, unless you object.

A parent may not opt out of the following:
1.School district emergency responses;
2.Law enforcement or Department of Family and Protective Services activities;
3.Behavioral threat assessment required by law; or
4.Other rights or duties required by law, including the Texas Family Code.
TEC, §26.0083(g)

School personnel are expected to encourage your child to discuss any issues related to their well-being with you. School personnel can also facilitate a conversation between you and your child about any issues related to their well-being. Furthermore, employees are expected to keep parents informed related to observations of their child's mental, emotional, or physical health. You have the right to access your child's education and health records at any time. Sometimes in addition to general inquiries into a student's well-being, school personnel might determine that a student needs additional observation – called monitoring – and perhaps specific services in relation to the student's mental, emotional, or physical health or well-being.

Monitoring in this context means planned and recurring observations of a student in one or more areas of mental, emotional, or physical health or well-being. A service in this context is the planned, routine, and standard use of a method or technique that is designed to affect the behavior, attitude, emotions, or physical health of a student beyond what is taught in a course of instruction. These would not include in-the-moment or unplanned interactions or techniques used to deescalate isolated behavioral incidents. Any proposed change in services provided to a student's mental, emotional, or physical health or well-being will be shared with you before the change takes place, except in emergencies. You will have the right to withhold or decline consent for the service. The district will attempt to notify you prior to initiating any proposed change in monitoring related to a student's mental, emotional, or physical health or well-being. If prior notification is not possible, you will be notified within 3 school days. With certain legally required activities, such as behavioral threat assessments, district personnel must provide parental notification, but the law does not expressly allow a parent to opt-out of such activity.
TEC, §26.0083(a)-(e)

Before administering a well-being questionnaire or a health screening form to your child, a copy will be provided to you. Consent would have to be received by you for the school to move forward with administering the questionnaire or form.
TEC, §26.0083(h)

I acknowledge that FT HANCOCK ISD has provided the required notice and opportunity to grant or deny consent regarding the District's physical or mental health-related services for students for this school year, as required by law.

Student's name: _____

Current grade level: _____

Campus: _____

I give written permission for my child, identified above, to receive physical or mental health-related services as described in this form and to complete any forms and questionnaires attached:

☐ Yes, I consent to the District providing all routine physical or mental-health related services.

☐ No, I do not consent to the District providing any routine physical or mental health-related services.

Parent's signature: _____

Date: _____