September 2026

AWAKE ILLINOIS
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OPT-IN ONLY

Guidance For Illinois Boards of Education
Student Mental Health Screening
Grades 3-12

Public Act 104-0032 / SB1560

Includes a model resolution and board policy for local adoption.

PARENTAL RIGHTS ARE FUNDAMENTAL; THEY ARE NOT GRANTED BY GOVERNMENT.

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September 2026

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ABOUT AWAKE ILLINOIS

Awake Illinois is a parent-led organization that has sounded the alarm on school mental-health questionnaires and related surveys—including the Illinois Youth Survey and district vendor tools—years before Public Act 104-0032 made an annual statewide mandate. We have briefed families and board members on what the questions actually ask, who holds the data, and how an opt-out buried in a handbook is not the same as permission. Through that work we have kept one rule at the front: **parents direct the upbringing, education, and medical care of their children; the school is a temporary custodian, not a clinic and not a second parent.**

This packet continues that work by compilng the Illinois statute, Illinois State Board of Education's (ISBE) own non-regulatory distinctions, the U.S. Department of Education's August 26, 2026 PPRA letter, and model text: a resolution, a 14-point policy, a written consent form, and a public superintendent report. This publication is for families and stakeholders to consider and adopt by school board vote after transparent review. This packet is written against the statute, the August 2026 ISBE guidance, and the instruments ISBE has described so far.

ISBE has not yet named a State screener as of this publication. If the agency publishes a named tool, new consent rules, or revised implementation guidance, Awake Illinois will update this document. Boards should adopt the resolution and Exhibits A–C as local policy and treat the briefing pages as current as of September 2026 and amend them if ISBE names a tool or revises guidance. **The goal is to make opt-in the gold standard of policy during this mandate.**

THE SCHOOL IS A TEMPORARY CUSTODIAN, NOT A CLINIC AND NOT A SECOND PARENT.

INTRODUCTION

Adolescent depression is real.
The American College of Pediatricians (ACPeds) treats it as a serious public-health concern and has cited data that nearly 13 percent of youth will experience a major depressive episode by age 17.[7] Boards should take that seriously. They should not conclude that the schoolhouse is a clinic.

Parents are the first line of mental health.
ACPeds holds that parents provide the foundational role of support and guidance, including educational and medical decisions, and that the adolescent brain—especially decision-making under stress—remains immature into the early-to-mid twenties.[8] [9] Authoritative parenting predicts fewer mental-health problems.[10] Trials that include parents in treatment outperform adolescent-only interventions.[11]

ISBE's own August 2026 guidance states that families "have primary responsibility for their children's health and well-being" and that schools should make families comfortable providing consent.[3] That is not a courtesy. It is the standard applied to this opt-in policy. ISBE's guidance also admits there is limited value of the screening mandate stating "There is less evidence for the utility, feasibility, and psychometric properties of self-report (student-report) universal mental health screening tools."

A school screener is not a medical act.
Short self-report forms over-identify disorder compared with diagnostic interviews.[13] The U.S. Preventive Services Task Force has listed harms of questionnaire screening: false positives, unnecessary referrals, labeling, anxiety, and stigma.[12] Teachers, counselors, and vendors are not the child's psychiatrist. **ISBE has not named a State screener yet as of this initial publication.**

Federal and state rules allow—and in important respects favor—opt-in.
Illinois law requires districts to offer screening. It does not require student participation, assumed consent, diagnosis, therapy, or data pipelines.
Schools teach. They do not practice medicine. This model follows that path.

A SCHOOL SCREENER IS NOT A MEDICAL ACT.

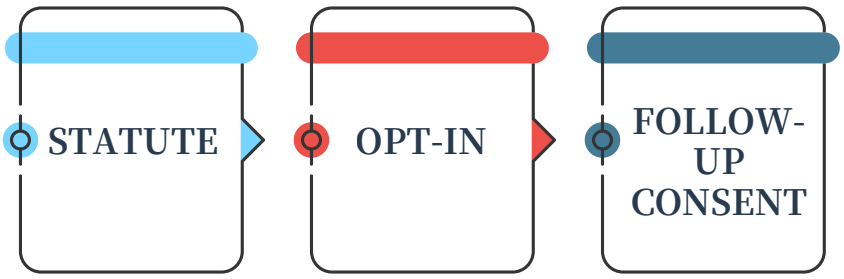
STATUTE & FEDERAL CONSIDERATIONS

What the law actually requires.
Public Act 104-0032 requires districts to offer an annual screening to grades 3–12 beginning in 2027–28, and only in years the State has supplied a free qualifying self-report tool.[1] [2] Student participation is **not** the mandate.

ISBE's August 2026 guidance is non-regulatory. It allows an opt-out model or an opt-in model requiring affirmative written consent.[3] It tells districts they *"must distinguish between participation in screening and subsequent use of the information collected,"* that depression, anxiety, trauma, or suicidality items or administration by psychologists, social workers, or nurses may implicate 740 ILCS 110, and that portals such as BEACON and ICARRS require parental consent procedures.[3] [6]

On August 26, 2026, the U.S. Department of Education's Student Privacy Policy Office issued a *Dear Colleague* letter reminding federally funded schools that the Protection of Pupil Rights Amendment requires written parental consent before students are given surveys or screenings that cover mental or psychological problems (and other protected topics), and that SPPO will treat those instruments as ***"required"*** when school officials administer them —even if the district labels them optional. **An opt-out policy is not sufficient to secure parental consent when school officials administer a mental-health instrument.**

An opt-out, the Department stated, is not written consent.[4] [5] **That federal letter is why this model policy is opt-in**, not "offer a screening and hope parents find the opt-out form." Illinois law requires an offer. ISBE preference for MTSS pipelines, school-site treatment, closed-loop referrals, and equity framing is ***not*** the statute. This model uses ISBE's own legal distinctions and rejects treating a score as enrollment in care.



ISBE tells districts to separate participation from use of results.

STUDENT PARTICIPATION IS NOT THE MANDATE.

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IN ISBE'S OWN WORDS*

THE DUTY IS AN OFFER TO SCREEN.

> *"Illinois Public Act 104-0032 mandates that beginning with the 2027–28 school year, all school districts (unless approved for an extension by ISBE) must offer at least one mental health screening annually to students in Grades 3–12, provided the state has secured a screening tool that offers a self-report option for students that all districts can access at no cost."*

OPT-IN IS ALREADY PERMITTED.

> *"Pursuant to Section 2-3.203(c) of the School Code (105 ILCS 5/2-3.203(c)), districts may adopt an opt-out model in which screening occurs unless declined or an opt-in model requiring affirmative written consent."*

PARENTS GOVERN PARTICIPATION.

> *"The notice should also explain how parents or guardians may exercise available participation options, consistent with applicable federal and state laws."*
>
> *"At the participation stage, parental authorization generally governs whether a student may be screened."*

A SCREENING IS NOT TREATMENT.

> *"Authorization for participation, whether through opt-out or opt-in, does not constitute consent for the provision of mental health services or for the use or disclosure of information protected under 740 ILCS 110."*

CONSENT IS THE WORD ISBE USES.

> *"Families are partners in the education process and have primary responsibility for their children's health and well-being. Schools are strongly encouraged to reach out to families early to explain the importance of mental health screenings, address concerns, and ensure they feel comfortable providing consent."*

PPRA STILL APPLIES.

> *"Regardless of the participation model selected, districts should ensure compliance with applicable PPRA requirements, which may include providing advance notice, affording parents or guardians the opportunity to inspect screening materials prior to administration, and offering an opportunity to opt students out of participation where required."*

*ISBE, UNIVERSAL MENTAL HEALTH SCREENING NON-REGULATORY GUIDANCE FOR SCHOOL DISTRICTS (AUG. 2026), PP. 4, 6, 9, 24–26. HTTPS://WWW.ISBE.NET/DOCUMENTS/UNIVERSAL-MENTAL-HEALTH-SCREENING-GUIDANCE.PDF

SAMPLE RESOLUTION

RESOLUTION ADOPTING AN OPT-IN ONLY POLICY FOR STUDENT MENTAL HEALTH SCREENING AND REQUIRING AN ANNUAL SUPERINTENDENT REPORT

WHEREAS, 105 ILCS 5/2-3.203 requires school districts to offer mental health screenings to students in grades 3–12 at least once a year beginning with the 2027–2028 school year, and only in school years in which the State has procured a qualifying self-report tool and made it available at no cost;[1] [2] and

WHEREAS, ISBE's August 2026 guidance is non-regulatory, allows an opt-in model with affirmative written consent, requires districts to distinguish participation from use of results, and warns that certain tools and licensed personnel may implicate 740 ILCS 110 and the PPRA;[3] [4] [6] and

WHEREAS, the U.S. Department of Education's Student Privacy Policy Office advised on August 26, 2026, that mental-health screenings and similar surveys administered by school officials are to be treated as requiring parental notice and written consent even when labeled optional, and that an opt-out is not written consent;[4] [5] and

WHEREAS, ISBE describes follow-up through BEACON, ICARRS closed-loop referrals, CCBHCs, and school-based treatment sites, each of which is a separate data and clinical step requiring its own parental consent;[3] and

WHEREAS, a screening questionnaire is not a diagnosis or treatment, and this Board affirms that public schools are not places of clinical application; and

WHEREAS, parents have primary authority—and, as ISBE states, primary responsibility—for their children's health and well-being;[3] and

WHEREAS, the Board requires a public record of consents, refusals, second-step portal use, and parent feedback;

SAMPLE RESOLUTION, CONTINUED

RESOLUTION ADOPTING AN OPT-IN ONLY POLICY FOR STUDENT MENTAL HEALTH SCREENING AND REQUIRING AN ANNUAL SUPERINTENDENT REPORT

NOW, THEREFORE, BE IT RESOLVED by the Board of Education of _____ District No. _____:

Section 1. The Board adopts Exhibit A (policy §§1–14), Exhibit B (consent form), and Exhibit C (Superintendent report).

Section 2. No student shall be administered a mental health screening, or any instrument that functions as one, without prior written parental consent for that school year and that instrument.

Section 3. Before any window opens, the Superintendent shall give the Board the full item set, who will administer it, proposed vendor contract terms, any planned use of BEACON/ICARRS/CCBHC/school-based clinics, and the final consent form.

Section 4. Annual Superintendent report. By the first regular meeting after the window closes, and before June 30 of any year a screening is offered, a public written report shall include:

1. Whether the State mandate was in effect.
2. Tool, vendor, grades, dates, and who administered the tool (teacher / counselor / licensed clinician / vendor).
3. Eligible students; signed opt-in; signed do-not-consent; no form returned; number screened; opt-in % and screened %.
4. If the District ever used opt-out, a comparison of participation and complaints.
5. Parent comments, themes, and consent withdrawals.

SAMPLE RESOLUTION, CONTINUED

RESOLUTION ADOPTING AN OPT-IN ONLY POLICY FOR STUDENT MENTAL HEALTH SCREENING AND REQUIRING AN ANNUAL SUPERINTENDENT REPORT

6. Aggregate follow-up: flags; parents notified before follow-up; follow-up with new second-step consent; emergencies not based on the tool.
7. Identifiable data sent to BEACON, ICARRS, a CCBHC, a school-based health center, or any other outside system (yes/no and counts); retention/destruction; breaches.
8. Second-step consents obtained versus screening consents.
9. Name of the non-employee parent on the implementation team.
10. Staff time and cost.
11. Recommended changes.

Section 5. No names, scores, or free-text answers in the public report. Closed session only as the Open Meetings Act and student-records law allow.

Section 6. Post the report with the Board packet. Keep it on the website at least two years.

Section 7. If the State has not provided a free qualifying tool that year, the District shall not be required to offer screening and shall not buy a substitute without a separate Board vote under these opt-in rules.

Section 8. This Resolution does not authorize refusal of the statutory offer in a year the mandate is on and ISBE has granted no extension.

Section 9. This Resolution is effective immediately.

Adopted this ____ day of _____, 20_____.

President _____

Secretary _____

EXHIBIT A: MODEL BOARD POLICY

Student Mental Health Screening — Opt-In Only

Cite: 105 ILCS 5/2-3.203[2]; ISBE UMHS Guidance (Aug. 2026)[3]; 20 U.S.C. § 1232h[4]; 740 ILCS 110[6]

1. Legal duty. The District will offer an annual mental health screening to students in grades 3–12 when the State has procured a qualifying self-report tool and made it available at no cost. That duty is an offer. This District adopts opt-in only.

2. No consent, no screening. A student shall not be screened, scored, referred, or have results stored unless a parent or legal guardian has given prior written consent for that school year and that named instrument. Silence, a handbook signature, last year's form, or "failure to opt out" is not consent.

3. Advance notice. At least 14 calendar days before any screening window, the District shall notify parents in plain language (and the family's primary language when practicable) of: the instrument name and every item or a time/place to inspect the full instrument; who will administer it (title and whether licensed clinical staff); that answers are self-report; that screening is not diagnosis or treatment; how data will be used, stored, shared, and destroyed; whether BEACON, ICARRS, a CCBHC, or a school-based health center could receive data at a later step; that refusal will not affect grades, athletics, privileges, or discipline; and how to consent or withdraw consent.

4. What consent does not authorize. Without separate, specific written parental consent, the District shall not diagnose or label a student; provide counseling or therapy based on a score; open a 504/IEP or MTSS tier solely from a score; share individually identifiable results with a vendor, researcher, university, state portal, CCBHC, school-based clinic, or other agency except as required by law or as authorized on the consent form; or include undisclosed items on sexual behavior, sexual orientation, gender identity, family political or religious beliefs, illegal activity, or household "adversity"/social-determinant items parents were not shown.

EXHIBIT A: MODEL BOARD POLICY

5. Schools are not clinics. Authorization to screen is not consent under 740 ILCS 110 for treatment or disclosure of mental-health records.[6] Teachers, counselors, and vendors are not the child's psychiatrist.

6. Administration. Screening occurs only in the published window, only for students with current written consent. Students may skip items or stop. Staff shall not pressure or reward participation. A genuine emergency (imminent risk of harm) follows existing crisis protocol and parent notification. Crisis response is not a license to administer the screening tool.

7. Data and vendors. Identifiable responses are student records. No sale of data. No vendor secondary use, product training, or marketing unless the consent form expressly allows it—default is that it does not. Contracts shall require U.S. or Illinois storage, deletion on District request, parent inspection rights, and breach notice within 72 hours. Individual results shall be destroyed or de-identified no later than the end of the following school year unless the parent consents to longer retention or law requires otherwise.

8. Follow-up. If a consented screen indicates possible concern, notify the parent before any school-initiated follow-up; provide the score or items on request; offer community resource information (including BEACON as a family-facing information source) without requiring a particular provider; take no further mental-health action without new parental consent, except emergency risk-of-harm protocols.

9. Other surveys. The same opt-in rules apply to any district or vendor instrument that asks about mental or psychological conditions, including "wellness," climate, or SEL tools that function as mental-health screens, and to Illinois Youth Survey items in protected PPRA categories.[4]

EXHIBIT A: MODEL BOARD POLICY

10. Oversight and public reporting. The Superintendent shall log consents, dates, tools, administrators, destruction, and portal use, and shall present the annual public report required by Board resolution. The Superintendent shall not implement a State tool until the Board has seen the full item set and the consent form. The Board may decline to run a program in any year the State has not triggered the mandate, and may seek an ISBE extension of the 2027–28 date if criteria are met. A board cannot repeal the statutory offer in a year the free State tool is in place and no extension exists.

11. Two-step consent (ISBE's own structure). Authorization to participate in screening is separate from authorization to use, store, share, or act on results.[3] A parent may consent to the questionnaire and refuse follow-up, BEACON or ICARRS entry, school-based clinic contact, telehealth or app enrollment, or disclosure to a CCBHC. Staff shall not treat a screening score as standing consent for any second step.

12. Who administers the tool. If the instrument includes depression, anxiety, trauma, or suicidality, or if it is administered by a school psychologist, social worker, nurse, or other licensed clinician, the District shall treat the activity as potentially within 740 ILCS 110/2 and shall use written opt-in plus any additional consent counsel requires.[3] [6] General "wellness" branding does not change that analysis.

13. State portals and school-site treatment. No individually identifiable screening result shall be entered into BEACON, ICARRS, a closed-loop referral system, a CCBHC file, a school-based health center record, or a digital parent-training/telehealth product without specific written parental consent for that system.[3] Screening does not enroll a student in on-site treatment. ISBE's discussion of school-based health centers that deliver treatment at school sites does not amend this Board's consent rules.

14. Implementation team. Any UMHS implementation team shall include at least one parent who is not a District employee. The team's written charge shall include the consent form, item inspection (including household/adversity items), vendor terms, portal use, and the annual public report. The team shall not adopt ISBE narrative on anti-racism, equity frameworks, or social-determinant scoring as a substitute for these opt-in rules. ISBE guidance is non-regulatory and is not legal advice.[3]

EXHIBIT B: SAMPLE PARENT CONSENT FORM

ANNUAL MENTAL HEALTH SCREENING — WRITTEN CONSENT (OPT-IN)

School year: _____
Student: _____
Grade: _____
Instrument: _____
Administered by: _____
Vendor: _____
Window: _____

I received notice and had a chance to inspect every item. I understand this is voluntary; my child will not be screened unless I sign; this is not a diagnosis or treatment; consent to the questionnaire is not consent to therapy, MTSS placement, 504/IEP, BEACON/ICARRS entry, a school-based clinic, or sharing records except as I initial below; I may refuse or withdraw without penalty.

□ I CONSENT to the screening questionnaire only for this school year and this instrument.
□ I DO NOT CONSENT. Do not screen my child.

Optional second-step initials (leave blank to refuse):

___ Share identifiable results with: _____
___ Enter identifiable information in BEACON and/or ICARRS
___ Retain results longer than one additional school year

Parent/guardian: _____ Signature: _____
Date: _____
Phone / email: _____

EXHIBIT C: SUPERINTENDENT SCREENING REPORT

(Public — no student names, scores, or free-text answers)

District _____
School year _____
Report date _____
Prepared by _____ Title _____
Mandate in effect this year? □ Yes □ No
(State provided a free qualifying self-report tool.)
Instrument name _____
Vendor _____
Grades included _____
Screening window (dates) _____ to _____

Who administered
□ Teacher □ Counselor □ Licensed clinician □ Vendor staff □
Other: _____

Non-employee parent on implementation team
Name _____

Participation Item	**Number**
Eligible students (grades 3–12 during window)	_____
Signed opt-in (consent) forms returned	_____
Signed do-not-consent forms returned	_____
No form returned (not screened)	_____
Students actually screened	_____
Started then stopped / skipped items (if known)	_____
Consents withdrawn after signing	_____

Opt-in as % of eligible _____ %
Screened as % of eligible _____ %
Prior opt-out year (if any)
Prior model: □ Opt-out □ Other _____
Prior participation / complaints (brief):
_____

EXHIBIT C: SUPERINTENDENT SCREENING REPORT

(Public — no student names, scores, or free-text answers)

Parent feedback (aggregate only)

Number of comments / questions / complaints _____

Themes (check all that apply)

□ Notice too late or unclear

□ Could not inspect items

□ Vendor / data concerns

□ Language access

□ Student pressured

□ Asked to change policy

□ Other: _____

Summary (no names): _____

Follow-up (consented screens only; counts only)	**Number**
Screens treated as “possible concern”	_____
Parents notified before school-initiated follow-up	_____
Second-step consents obtained (referral / portal / clinic)	_____
Follow-up that occurred with new second-step consent	_____
Emergency / crisis responses not based on the screening tool	_____

EXHIBIT C: SUPERINTENDENT SCREENING REPORT

(Public — no student names, scores, or free-text answers)

Data, portals, and vendors

Identifiable results sent to (check and give count of students if yes):

System	Yes / No	Number
BEACON	□ Y □ N	_____
ICARRS	□ Y □ N	_____
CCBHC	□ Y □ N	_____
School-based health center	□ Y □ N	_____
Other: _____.	□ Y □ N	_____

Who held identifiable files inside the District:

_____

Destruction / de-identification completed? □ Yes □ No

Date _____

Breach, unauthorized access, or contract dispute? □ Yes □ No

If yes, one-line description: _____

EXHIBIT C: SUPERINTENDENT SCREENING REPORT

(Public — no student names, scores, or free-text answers)

Cost

Staff hours (estimate) _____

Vendor / other cost beyond State-provided tool $ _____

Recommendations for next year

□ Keep policy as adopted
□ Change notice / timeline
□ Change consent form
□ Change vendor or tool
□ Other: _____

Narrative: _____

_____

Certification: I certify this public report contains no individually identifiable student results.
Superintendent signature _____ Date _____

Posting: Attach to the Board packet. Keep on the District website at least two years.

SOURCES

1. Public Act 104-0032. https://www.ilga.gov/legislation/publicacts/view/104-0032

2. 105 ILCS 5/2-3.203. https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K2-3.203

3. ISBE, Universal Mental Health Screening Non-Regulatory Guidance (Aug. 2026). https://www.isbe.net/Documents/Universal-Mental-Health-Screening-Guidance.pdf

4. 20 U.S.C. § 1232h (PPRA). https://www.law.cornell.edu/uscode/text/20/1232h

5. U.S. Department of Education, SPPO parental-rights announcement / Dear Colleague letter (Aug. 26, 2026). https://www.ed.gov/about/news/press-release/us-department-of-education-reminds-schools-of-their-obligation-comply-parental-rights-law

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7. ACPeds, Adolescent Depression. https://acpeds.org/adolescent-depression/

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9. ACPeds, The Roles, Responsibilities and Rights of Parents. https://acpeds.org/the-roles-responsibilities-and-rights-of-parents-2/

10. Rothwell, IFS, Parenting Is the Key to Adolescent Mental Health. https://ifstudies.org/report-brief/parenting-is-the-key-to-adolescent-mental-health

11. Bosman et al., parental involvement meta-analysis (2024). https://link.springer.com/article/10.1007/s10567-024-00481-8

12. USPSTF, screening for anxiety in children, JAMA (2022). https://jamanetwork.com/journals/jama/fullarticle/2797219

13. Zimmerman, World Psychiatry (2024). https://doi.org/10.1002/wps.21191

14. Rep. Mary Miller, Parents Opt-In Protection Act press release (Aug. 15, 2025). http://marymiller.house.gov/media/press-releases/breaking-rep-miller-introduces-bill-combating-illinois-law-requiring-student

CLOSING

This packet is an invitation and a resource. If you are a parent, a local advocacy organization, a board member, or an elected official who wants written consent ***before*** a school puts a mental-health questionnaire in front of a child, we will work with you.

We brief families on the statute and on ISBE's non-regulatory guidance so the debate is about the actual law and model policy to protect all stakeholders – especially children. We are available to help you write public comment, get the instrument in the open, and put an opt-in resolution on a board agenda. We are always willing to help policymakers adapt this model for their board.

We aim to make opt-in the gold standard while this mandate is in place. We also want to help separate three things that get blurred: a mandate, a tool, and clinical care. BEACON, ICARRS, and school-site treatment are follow-up systems ISBE describes. **They are not the mandate, and they are not permission to skip a parent's signature.**

Districts that take federal funds are on notice. The U.S. Department of Education's August 26, 2026 Dear Colleague letter treats school-administered mental-health screenings as requiring written parental consent even when the district calls them optional. Therefore, opt-in only policy is the gold standard.

That letter does not erase Illinois' duty to offer a screen in a year the State has delivered a free qualifying tool. It does mean a default-on, opt-out-only screening practice is not written consent—and is a PPRA risk. Adopting this model is how a board complies with both. ISBE has not named a State screener yet as of this initial publication. This model guidance will be updated once it is named.

OPT-IN ONLY IS THE GOLD STANDARD OF POLICY

CLOSING, CONTINUED

In Congress, Rep. Mary Miller's Parents Opt-In Protection Act (H.R. 4986)[14] would write a written-consent rule into federal statute. It is a federal bill, not Illinois law. Support it but do not wait on it. Meanwhile, your board can discuss and vote our opt-in only model resolution and policy at any time ahead of the mandate.

Ask us. Tell us. Need language, a walkthrough of the packet, or a second set of eyes before you speak at public comment? Contact Awake Illinois.

If your board calendars or passes this resolution—or a local rewrite—send the district name, the date, the adopted text, and any amendments. We will log it, share working copies with the next district, and keep a public picture of where Illinois boards chose parents first.

This packet is opt-in only model policy for student mental-health screening under Public Act 104-0032. Other school surveys and programs are often run with no written-consent option. For those, Awake Illinois also publishes opt-out forms (Illinois Youth Survey items, SEL/climate instruments, and sexual-education units) at awakeIL.com/forms. When ISBE names the State mental-health tool, we will post an updated consent form for that instrument.

WE STAND WITH YOU UNTIL PARENT AUTHORITY IS IN THE SCHOOL POLICY.

CONTACT AWAKE ILLINOIS

Email Us: info@awakeIL.com

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