

**Parent's Exemption Form Prior to Mental Health and Psychological Screening or Counseling
Subsequent to Illinois Passing House Bill 1560**

To: Superintendent of Schools of _____ (district)
and Principal _____ at _____ (name of school)

From: The Parents of _____

This letter provided by parental rights advocacy organization Awake Illinois serves to provide notice that absent (without) our/my written consent, our/my child may not be subject to any form of mental health, psychological, social services or counseling screening, surveys, or tests.

I/we formally exempt my/our child from all mental or social service programs and screening, whether directly by the school or through an affiliated resource, such as a non government organization, volunteer, and/or contracted screener. Concerns by school staff relating to our/my child's purported mental health, are to be brought to us/me for our/my attention and assessment. School staffs are not to take it upon themselves to obtain a diagnosis or to provide mental health treatment, analysis, referral or labeling of any nature. Assessment and testing are to center on academics and physical fitness only. The informed consent requirement encompasses, but is not necessarily limited to, the following activities:

1. School-based counseling related to mental health.
2. Behavioral, mental health, depression/suicide or psychological/behavioral screenings of any nature and/or diagnostic instruments (i.e., TeenScreen, Panorama Surveys, screenings pertaining to anger or peer relationships, sexual activity or orientation).
3. Group or family counseling.

This is not a complaint against the school. Rather, it is an exercise of parental rights protected by the 14th amendment to the U.S. Constitution.

Thank you for your cooperation. For clarity and mutual protection, a copy of this letter is retained by my/our attorney and/or relevant civil rights organizations. This notice remains in effect until revoked in writing by me/us and applies throughout my/our child's progression in this school district. It will be resubmitted annually for record-keeping.

This notice applies until and unless revoked in writing by us/me, and it is to follow our/my child through progressive levels of school in this jurisdiction, district or county. It will be submitted each school year for continued record keeping.

Dated

Printed Name of Parent(s) or Guardian of Student

Dated

Signature of Parent(s) or Guardian of Student

Dated

Printed Name of Parent(s) or Guardian of Student

Dated

Signature of Parent(s) or Guardian of Student

