

**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



Human Sexuality Instruction Parental Non-Consent Form

For the _____ School Year

I, _____, as parent and/or legal guardian of _____, a minor child, hereby exercise my right under the U.S. Constitution and the Constitution and laws of the State of _____, to direct the upbringing and education of my minor child, and hereby place school administrators on notice of the following:

1. I DO NOT CONSENT to my child's participation in any instruction or discussion on human sexuality which is derived in whole or in part from; contains information from; or references to the following sources:
 - A. [National Sexuality Education Standards](#)
 - B. [Future of Sex Education \(FoSE\) Initiative](#)
 - C. [Sex, Etc.](#)
 - D. [Advocates for Youth](#)
 - E. [Answer](#)
 - F. [SIECUS \(Sexuality Information and Education Council of the U.S.\)](#)
 - G. [Planned Parenthood](#)
 - H. [The Kinsey Institute](#)
 - I. [GLSEN \(Gay Lesbian Straight Education Network\)](#)
 - J. [Gay Straight Alliance](#)
2. I DO NOT CONSENT to my child being given instruction or information on, or being subjected to discussion of any aspect of human sexuality, including the following:
 - A. Abortion;
 - B. Birth Control/Contraceptives;
 - C. Sexual activity of any kind whatsoever, including, but not limited to, vaginal, oral or anal sex;
 - D. Sexual orientation, including, but not limited to any variant of homosexuality, including but not limited to, lesbian, gay, bisexual, queer, or questioning identities;
 - E. Transgenderism or gender identity, including, but not limited to, gender as social construct; gender binary; gender spectrum; gender reassignment surgery, gender dysphoria, false gender pronouns, gender expression, or cross-sex hormones;
 - F. Any referral of my child to a counselor, medical professional, social worker, within or outside the school for purposes of discussing sexuality, or any of the topics listed herein;

- G. Any written material of; reference to; or referral to an outside agency, group, individual or organization relating to sexuality (including, but not limited to those listed in Section 1).
- H. Any reference to or participation in a personal analysis, evaluation or survey that reveals or attempts to affect my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: political affiliations; religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes; sexual activity; sexual orientation; gender identity; or illegal, antisocial, self-incriminating or demeaning behavior;
- I. Any advertisement of or participation in any group, organization, club, entity or activity that discusses or addresses sexual activity, sexual orientation or gender identity, under the guise of "bullying" or other rationale;
- J. Any additional instruction and discussion, including but not limited to: classroom teachers, school staff, third-party providers, YouTube or other videos, films, livestreaming, other audio-visual methods, textbooks, workbooks, or handout material, including any entity listed under Section 1 or any topic listed under Section 2. I am requesting alternative academic instruction for my child during the same period that any instruction on any aspect of human sexuality is provided.

I request that my child be given alternative instruction during the time that these materials and subjects are being presented.

I hereby request that this notification be placed in my child's permanent file and be provided to all people offering instruction to my child during the school year. Any instruction contrary to this notice will be the subject of further action to protect my child.

Parent and/or Legal Guardian
Printed Name

Date

Parent and/or Legal Guardian
Signature

Minor Child
Printed Name

Received by: _____ Date: _____

PARENTAL OPT-OUT FORM

I, , as parent and/or legal guardian of , a minor child, hereby exercise my right under the US Constitution and laws of the State of , to direct the upbringing and education of my minor child, as follows:

1. **I DO NOT CONSENT** to my child's participation in any opinion survey, personal analysis, evaluation, questionnaire or any other form of data collection that reveals or attempts to affect, or references or relates in any way to my child's attitudes, habits, traits, opinions, beliefs or feelings concerning: curriculum, political affiliations, religious beliefs or practices; mental or psychological conditions; sexual behavior or attitudes, sexual activity, sexual orientation; gender identity; or illegal, antisocial, self-incriminating or demeaning behavior. For the avoidance of doubt, my child is not allowed or permitted to partake in any survey, including curriculum centric and/or opinion in nature, without parental written consent.

Parent and/or Legal Guardian

Printed Name

Signature

Date

School Administrator

Printed Name

Signature

Date



PARENTAL RIGHTS 3-DAY NOTICE

I, , as parent and/or legal guardian of

, a minor child, am hereby providing notice that if you become aware, directly or indirectly, that my child has requested to be known by different pronouns, by a different name or otherwise communicates or exhibits behaviors that communicates a desire to transition gender or sex, you should notify me within three (3) business days of having learned such information. Notification should be attempted by at least two (2) different methods of communications (e.g., phone call, text, email, mail). Without my prior written consent, under no circumstances shall my child be referred to or engage with any on-staff school counselor, contracted school counselor, social worker, or any mental health professional.

Phone Number

Email

Address

Parent and/or Legal Guardian

Printed Name

Signature

Date