



WEATHERFORD PUBLIC SCHOOLS

Strengths and Difficulties Questionnaire Reverse Permission Letter

October 21, 2019

Dear Weatherford Schools,

I do not wish for _____ to participate in the Strengths and

Student's Name

Difficulties Questionnaire mental health survey for the Fall 2019 screening. I understand that

my child will be working on an alternative assignment during that time.

Sincerely,

Printed Name

Signature

Please return this letter to your child's building principal no later than **Wednesday, October 23rd, 2019.**