



## RECORD OF NOTIFICATION

Garrett County Board of Education: Department of Pupil Services

40 South Second Street

Oakland, Maryland 21520

I/We \_\_\_\_\_, the parents of \_\_\_\_\_, were involved in a conference with school personnel on \_\_\_\_\_. We have been notified that our child was referred due to concerns related to suicide. We have been advised that it is our responsibility to obtain treatment/counseling services for our child. I/We have received a copy of the community resource guide. The role of the school staff will be to serve as a secondary support to my child's primary mental health provider rather than to provide ongoing treatment.

\_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Witness - Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Witness - Title)

\_\_\_\_\_  
(Date)

**Upon completion, this document is to be kept in the school administrator's *confidential* file.**