Teen Intervene
Parent/Guardian Passive Consent
2015-2016

Dear Parent/Guardian,

Your son or daughter has been referred by the principal, vice principal, counselor, prevention staff and/or him/herself to participate in a brief intervention program called Teen Intervene. Teen Intervene is an evidence-based program that offers brief intervention for teens who may be experiencing mild to moderate problems related to alcohol, tobacco or other drug use in three to four 50 minute sessions. Teen Intervene integrates the stages of change model, motivational interviewing, and cognitive-behavioral techniques to help teens reduce and ultimately eliminate their chemical use. The program is designed to help students learn new skills that promote healthier behaviors. The last session includes both the student and parent/guardian and uses strategies to increase communication with your child about alcohol and other drug use.

Any information obtained about your child will be confidential and kept between the facilitator and child. Exceptions to this include the following:

- If the facilitator discovers that your child is in danger of harming himself/herself or others, or if someone is harming them. In these cases, the facilitator is required to disclose the potential harm to the appropriate authorities.
- If the facilitator and child both agree to disclose information to you that is important for achieving the goals of the program.

For additional information regarding Teen Intervene, contact Jayna Record at (916) 979-8621 or at Jayna.record@sanjuan.edu.

Thank you,
Jayna Record
Prevention Specialist

---------------------------------------- Return this portion only to opt-out of Teen Intervene ----------------------------------------

Teen Intervene Withdrawal Form

Please complete and return to the facilitator only if you do NOT give permission for your child to participate in Teen Intervene.

Student's name: ____________________________________________ School: ________________________________

Parent/Guardian name: ________________________________ Signature: ____________________________ Date: _____