

**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 and/or self-harm. 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.

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(Parent or Legal Guardian) (Date)

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(Parent or Legal Guardian) (Date)

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(School Witness - Title) (Date)

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(School Witness - Title) (Date)

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