



October 13, 2025

Dear Family Members,

In our continuing efforts to support the well-being of all our students, we will be administering a universal screener of social, emotional & behavioral health. WCPSS is using the Behavior Intervention Monitoring Assessment System-2 (BIMAS-2) research-based screening tool. We believe this will help our students thrive academically by identifying students who may benefit from additional social and emotional support and interventions, much like some students benefit from additional academic support and interventions.

This will not require you or your child to do anything. Your child's BeIB teacher will complete a questionnaire two times a year about your child's actions and emotions displayed in class during a one-week time span.

Examples of some of the questions include:

- During the past week, this student shared what they were thinking about.
- During the past week, this student had trouble paying attention.
- During the past week, this student followed directions.
- During the past week, this student acted sad or withdrawn.

For each question, the teacher will answer "never," "rarely," "sometimes," "often," or "very often."

This information helps us to understand the needs of all our students and how we can best serve and support them. This will also provide us with data to help determine school-wide programs, interventions, and training needs for staff.

If you would like more information about the universal screener, please visit our website at www.wcpss.net/universalscreener. You can also call or email your grade-level Counselor with questions. **If you do not want your child screened, please complete the Opt-Out Form below and return it to your student's BeIB teacher or Grade-Level Counselor by October 22nd, 2025. If you want your child to be included in the universal screening, no further action is required.**

Social, Emotional & Behavioral Health Universal Screener Opt-Out Form

I do not want my child to be part of the universal screening for social, emotional, and behavioral health. I understand that by signing this form, my student will not be included in the school-wide screenings.

Student name (please print):

BeIB Teacher:

Parent / Guardian name (please print):

Parent Signature:
