



Preferred Name: _____

TEENHOPE

Thank you for participating in TeenHope, an emotional-wellness health screening program! Your school district has communicated with your parent/guardian about participating in the screening.

Today you will be completing a quick questionnaire, and someone will be following up with you afterward to discuss the results and educational resources.

You are not required to answer these questions. By completing this screening, you are voluntarily agreeing to answer these questions.

If you score as being at-risk for depression or anxiety, we encourage you to engage in a conversation with your parent/guardian to explore the benefits of further support. You have the right to revoke this consent at any time.

If you ever need it, the suicide hotline number is 988.

Signature: _____