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Dear Parent/Guardian,

Hillsborough County Public Schools recognizes that educating children involves promoting their mental wellness as well as their academic achievement. To encourage positive mental health, select grade levels will be participating in *ACT Now!* class sessions with Student Services personnel (school counselors, school psychologists, school social workers). The focus of these sessions is to define mental health, recognize symptoms that may be exhibited by those who are facing mental health challenges, share healthy coping strategies, identify trusted adults, and receive information regarding local and national resources. "ACT" in *ACT Now!* stands for:

- A** = Acknowledge signs that the student or a peer may be in need of mental health support
- C** = Demonstrate Care in interactions
- T** = Tell a trusted adult (school personnel, parents, and others)

Students in grades 4 - 5 will receive information regarding mental health (without mention of suicide prevention) and trusted adults within the school.

Students in grades 6 - 12 will receive information regarding mental health (including suicide prevention awareness), local and national resources, and trusted adults within the school.

If you have questions regarding *ACT Now!* sessions to promote positive mental health among students, please reach out to one of the following individuals at your child's school:

Christy Oliver, School Counselor	813-744-6777
Name/Position	Phone Number
Samantha Givan, Social Worker	813-744-6777
Name/Position	Phone Number
Maria Arzola, School Psychologist	813-744-6777
Name/Position	Phone Number

**Resources:**

- Crisis Center of Tampa Bay 211 or <https://www.crisiscenter.com>
- Crisis Text Line: Text HOME to 741741
- National Suicide and Crisis Lifeline: 988

**ACT Now! OPT-OUT FORM**

**PLEASE NOTE:** If you would like your child to participate in an *ACT Now!* session, no further action is needed. However, if you do not want your child to participate in an *ACT Now!* session, please complete this form and return it to your child's teacher by 11/14/23.

**Child's Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

