**Independence Elementary School**

*Dr. Kimberly Odom*

Principal

*Robert Hamm*

Assistant

Principal



*Independence students possess a solid foundation for the next*

*steps in their journey through life.*

September 21, 2023

Independence Elementary School

Dear Parents/Guardians,

In our continuing efforts to support the well-being of all our students, teachers will be completing a universal assessment of behavioral health for all students. The assessment consists of a brief rating scale that will be completed by each child’s teacher~~s~~. The universal assessment will help our teachers to understand the needs of all our students and to make effective plans at the grade level, class level, and individual level.

It is important that your child feels that academic learning is their focus at school and that the adults they work with each day are doing all they can to create a safe and supportive environment.

If you would like more information about the universal assessment, please call Dr. Nancy Turner, Director of Behavioral & Mental Health Services at 803-981-1397.

This assessment is optional, but we hope you will allow your child’s teacher to complete it to help us gain additional insight into their needs. If you do not want an assessment completed for your child, please complete the Opt Out form on the back or access the schools’ website for the Opt Out Form and submit to your teacher.

Thank you,

Kimberly C. Odom, Ph.D.

Principal

Independence Elementary School

132 West Springdale Road, Rock Hill, SC 29730  
Phone 803-981-1135 Fax 803-980-2010

BIMAS Opt Out Form

**DEADLINE TO RETURN: September 28, 2023**

I understand that my child’s school, Independence Elementary, will be completing a universal assessment of behavioral health to all students. I wish to ***not*** *have* an assessment completed for my child. I understand that by signing this form, my student will not be included in the school-wide assessments.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of parent / guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_