



**SULLIVAN
MIDDLE SCHOOL**



*Jacqueline Persinski, Ed.D, Principal
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BIMAS Opt Out Form

I understand that my child's school, Sullivan Middle School, will be completing a universal screening of behavioral health to all students. I wish to not have a universal screening completed for my child. I understand that by signing this form, my student will not be included in the school-wide BIMAS-2 Universal Screener.

Student's Name: _____

Print Name of parent / guardian:

Signature of parent / guardian:

Date: _____