



## ***DUTCHMAN CREEK MIDDLE SCHOOL***

*Growing and Developing LEADERS...One Learner at a Time!*

*A National Forum School to Watch*

*A Special Olympics Unified Champions School*

4757 Mount Gallant Road, Rock Hill, SC 29730

(803) 985-1700

<http://rock-hill.k12.sc.us/dcms>

**Clayton B. Moton, Principal**



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 teachers. 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 Dutchman Creek Middle School or 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 access the schools' website for the Opt Out Form and submit it to your homeroom teacher.

Thank you,

Clayton Moton, Principal

## ***DUTCHMAN CREEK MIDDLE SCHOOL***

*Growing and Developing LEADERS...One Learner at a Time!*



## ***DUTCHMAN CREEK MIDDLE SCHOOL***

*Growing and Developing LEADERS...One Learner at a Time!*

*A National Forum School to Watch*

*A Special Olympics Unified Champions School*

4757 Mount Gallant Road, Rock Hill, SC 29730

(803) 985-1700

<http://rock-hill.k12.sc.us/dcms>

**Clayton B. Moton, Principal**



### **BIMAS Opt Out Form**

I understand that my child's school, Dutchman Creek Middle School, 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: \_\_\_\_\_

## ***DUTCHMAN CREEK MIDDLE SCHOOL***

*Growing and Developing LEADERS...One Learner at a Time!*