



*The School Board of Brevard County, Florida*  
**PARENT RESOURCE LETTER – FORM 2**

**Date:** Click or tap to enter a date.

**Dear Parent/Guardian,**

**In working together on behalf of your child, we have determined that accessing additional resources from the community may be necessary to comprehensively address some of the factors impacting your child’s school performance.**

**After taking into consideration your family’s needs, geographic location, and the area of expertise of the mental health professionals, the following licensed mental health professionals are suggested:**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

**Resource information sheets with specific information about the mental health professionals listed above are attached.**

**For 24 hour additional assistance on obtaining resource information may be accessed by calling 211 Brevard (Dial 2-1-1) or following the link: <http://211brevard.bowmansystems.com/index.php>**

**In recognition that these potential resources for assistance are being made as a free public service, you agree to release from liability or damages and hold harmless the School Board of Brevard County, Florida in regards to pursuing or not pursuing the resources provided.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**