

Parent Written Request to Schools

Types of Specific Complaints (s. 1001.42(8)(c)1.6., F.S.)

- A. The required notice regarding a change in the student's services or monitoring related to the student's mental, emotional, or physical health or well-being and the school's ability to provide a safe and supportive learning environment for the student; also, the requirement for School District personnel to encourage a student to discuss with their parent or legal guardian issues related to his/her well-being. (Policy 2410.01 Mental Health Services).
- B. The requirement that School District personnel may not discourage or prohibit parental or legal guardian notification of and involvement in critical decisions affecting a student's mental, emotional, or physical health or well-being. (Policy 2410.01 Mental Health Services).
- C. The prohibition of classroom instruction by school personnel or third parties on sexual orientation or gender identity in kindergarten through eighth (K-8) grade, or in other grades in a manner that is not age-appropriate or developmentally appropriate, in accordance with State standards. (Policy 2215, Program of Instruction, and Policy 2417, Comprehensive Health Education).
- D. Any classroom instruction by school personnel or third parties on sexual orientation or gender identity in grade 9-12 must be age-appropriate or developmentally appropriate and required by state academic standards as adopted in Rule 6A-1.09401, F.A.C.
- E. The requirement that student support services training adhere to student services guidelines, standards, and frameworks established by the Florida Department of Education.
- F. The requirement that, at the beginning of each school year, the District notify parents or legal guardians of each healthcare service offered at their child's school and of the option to withhold consent or decline any specific service. (Policy 2410, School Health Services).
- G. The requirement that the [District provide a copy of a well-being questionnaire or health screening form](#) to the parent or legal guardian and obtain the permission of the parent or legal guardian before administering the questionnaire or health screening form to a student in kindergarten through grade 3. (Policy 2416, Student Privacy and Parental Access to Information).

Additional information can be found at the FLDOE website at <https://www.fldoe.org/schools/k-12-public-schools/special-magis.shtml>

Parent Name: _____ **Signature:** _____

Student Name: _____ **Date:** _____