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## **Parent/Guardian Permission Form**

Congratulations! Your student has been nominated to become a Peer Leader for Sources of Strength. School staff nominated your student because they are seen by others as a leader amongst their peers: when they speak, others listen. The following describes what you may expect should your student move forward as Peer Leader.

### **What is Sources of Strength?**

Sources of Strength is an evidence-based best practice youth suicide prevention program designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. Sources of Strength moves beyond a risk-focus and utilizes an upstream approach, mobilizing a group of powerful Peer Leaders to spread messages of Hope, Help, and Strength throughout their school and community. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get hard, they can leverage their strengths.

The mission of Sources of Strength is to empower a well world and prevent suicide by increasing help-seeking behaviors and promoting connections between peers and caring adults. The program uses a fun-filled style of active learning to encourage open discussion about the very real problems that youth face and what can help. Sources of Strength believes it takes both students and staff working together to create lasting positive impact, therefore Adult Advisors and Peer Leaders will be trained.

Sources of Strength utilizes Social Network Theory to nominate influential student leaders all across the country to make a lasting positive impact in their communities and throughout the world. Your student will be joining thousands of Peer Leaders who are active across the United States, Canada, Australia, and many American Indian/Alaska Native and First Nations communities. Sources of Strength runs in schools and communities throughout the United States, partnering with hundreds of clients and agencies, and is actively running in thousands of schools. The program is present and successful in rural, urban, and suburban communities. With your approval, your student and their unique voice will be joining a global movement.

### **What will my Student be asked to Do?**

With your permission, your student will attend an interactive one-day Peer Leader Training with a diverse group of nominated students and supportive Adult Advisors. After the training, they will be part of a Peer Leader team supported by the trained Adult Advisors from the school and community.

Your student will be empowered to build upon the leadership skills they currently demonstrate to design and participate in school-wide campaigns to send out positive peer-to-peer messages about Hope, Help, and Strength. They will be leaders in connecting their peers to trusted adults in their school and community, share the importance of leaning into strengths during tough times, and learn how to be a connector to help and an agent of change in their school and community.

### **Additional Considerations**

The Sources of Strength Training will cover the topic of suicide. Most students find the training very upbeat, positive, and quite different than what is typically expected during a suicide prevention training. However, if discussing these issues should upset your student, or if they need additional support during the training, trained adults are available and happy to assist.

Sources of Strength is not designed as a therapy group and Peer Leaders are not junior psychologists or student counselors. Your student will learn to connect others to help as agents of change in their school and community, but will not be expected to counsel their peers. Instead, they will be trained to mobilize as many strengths as possible when they notice a peer who may need help.

### **Who should I contact if I have questions?**

If you have questions about the timeline or other logistics related to the training, it's best to contact the school and as to speak to the Sources of Strength Adult Advisor(s):

If you have questions about the program in general, you can email: [info@sourcesofstrength.org](mailto:info@sourcesofstrength.org), or view program information on [sourcesofstrength.org](http://sourcesofstrength.org) if you have further questions.

### **Voluntary Participation**

Taking part in this program is completely voluntary; students can withdraw at any time for any reason. The program will not affect your student's grades. If your student chooses to participate, please complete this page and return it to your designated school contact.

A part of the Sources of Strength program involves Peer Leaders using their own pictures, videos, and voices to create Hope, Help, Strength posters, audio messages, video, and internet-based messages of strength (texting, Twitter, Facebook, creating websites, etc.) to impact and positively change social norms and behaviors. This media approach is a powerful part of impacting your student's school or community culture. By signing this agreement it allows your local Sources of Strength project to use photos, video, audio and written comments of your student in promoting school or community messages of strength. It also gives Sources of Strength permission to use selected pictures, videos, posters, audio, and messages of your student or created by your student in training or promotion worldwide. Students are extremely creative in how they spread Hope, Help, and Strength messages, and we need your permission to share their creations with other groups around the country in order to promote the most effective messaging.

### **Parental/Guardian Permission**

I have read (or had read to me) the contents of this letter and been given the opportunity to ask questions and receive answers. I give my permission for my student to participate in Sources of Strength.

If you would like your student to participate in Sources of Strength, but do **not** want their picture, video, or voice used, please initial here. \_\_\_\_\_

**For permission for your student to participate in Sources of Strength, please sign below.**

\_\_\_\_\_ Student's Name (Please print)

\_\_\_\_\_ Parent/Guardian's Name (Please print)

\_\_\_\_\_ Parent/Guardian's Signature

\_\_\_\_\_ Date