



CAÑON CITY SCHOOLS

SCHOOL DISTRICT FREMONT RE-1

101 North 14th Street
Cañon City, Colorado 81212

Phone (719) 276-5700
Fax (719) 276-5739

ADMINISTRATIVE STAFF

ADAM HARTMAN
Superintendent of Schools
HEIDI ANDERSON
Chief Financial Officer
JAMIE DAVIS
Director of Human Resources
BRIAN ZAMARRIPA
Director of Curriculum and Assessment
TIM RENN
Director of Special Services
SHAUN KOHL
Director of Technology
PAULA BUSER
Director of Support Services
SCOTT MORTON
Director of Operations

Dear CCMS Parent or Guardian,

As a district, our top priority is the safety and well-being of our students and staff. We are always striving to create a positive, engaging culture where students feel safe and are able to reach their full potential. One way we support the needs of our school community is through implementing school-wide programs, character education, and social-emotional learning curricula. Consistent with past years, our school district will continue to administer a universal screening of students' social-emotional and behavioral health twice annually, fall and spring, to all students 6th-12th. The survey consists of a brief online rating scale (Behavioral Intervention Monitoring Assessment System-BIMAS) that students voluntarily complete in about four minutes. The survey provides an opportunity for students to share, based on their own perceptions, a snapshot of behaviors they have experienced in the past week related to friendships, attention, academics, social skills, social-emotional skills, and behavioral health. The results help us to better understand the behavioral and social/emotional needs of all our students, which allows us to provide individual support to students and develop more effective whole-school and classroom educational services. This universal screening survey has become a part of our ongoing processes to monitor and support our students' health and well-being. **If you have any questions please contact us at (719) 276-5740**

Parents/guardians have the option of excluding their child by completing the OptOut form provided below and returning to the school counseling department by **Tuesday, February 20th.**

CCMS Behavior Intervention Monitoring Assessment System (BIMAS)

OptOut Request: Please excuse my child from taking this survey.

Name of Student: _____ Grade: _____

Parent Signature: _____ Date: _____