



Social Work Services Consent Form
School Year 2023-2024

Student's Name: _____

Student's Date of Birth: _____

As the parent or legal guardian with the authority to consent on behalf of the minor student named above, I give consent for the student to receive counseling services **in the current school year** from the School Social Workers (SSW) and/or the Social Worker interns they supervise while employed by the school district.

Confidentiality: The student's progress regarding attendance and behavior will be discussed with teachers, school administrators, and school district personnel as necessary. With the exception of the exchange of as needed information between other School Social Workers, Mental Health Clinicians, and School Psychologists, no confidential or privileged information will be revealed to anyone outside the minor client's session without written permission of said client and/or the parent/guardian, unless there is applicable or ethical exception.

The School Social Worker is required by law to report any suspected child, elder or dependent adult abuse, and situations where the minor client threatens violence to an identifiable person, or the minor client expresses/threatens intent to harm self or others. In these instances, law enforcement may be contacted for additional client support. When a minor client is receiving services, the parent/guardian has the right to ask for information regarding the client's progress. The Social Worker has the right to limit the information disclosed to maintain client confidentiality.

Distance Learning Addendum: In the event we must return to a Distance Learning environment, there are some limitations beyond our control. All contact with you and/or your student will be done through an insecure mode of communication to include phone, email, video call or other modes of communication that are not FERPA or HIPAA compliant. While our team will ensure every measure is taken to secure the confidentiality of what is shared, we are not able to guarantee a compromise of information through the abovementioned communications methods will not occur. Additionally, the typical type of services the School Social Workers provide may also be limited. In the event of an emergency or if an urgent matter is disclosed to us by you and/or the student, we will make every attempt to notify the parent/guardian, all relevant district personnel, and/or local emergency services immediately.

Please check the appropriate response below, which demonstrates your understanding of this consent form, including the risks involved with your child receiving School Social Work services, in the event we return to Distance Learning.

☐ I do

☐ I do NOT

give consent for my child named above to receive SSW Services.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Phone: _____

Email: _____

The Signed Consent Form is only valid for the 2023-2024 School Year