

CONSENT FOR SB515 SCHOOL SOCIAL WORK SERVICES
Clark County School District

Student's Last Name	First Name, MI	Student ID #	Teacher/Grade

I authorize my child's participation in psychosocial educational groups or individual sessions focusing on social skills, motivation, behavior management or crisis intervention. One or all of the following will conduct the groups or individual sessions: School Social Worker, School Mental Health Professional or Master of Social Work Practicum Student.

Group Subjects:

_____ Social Skills (self-esteem, peer relationships, social skills, bullying, etc.)

_____ Motivation (completing school work, arriving on-time, grades, etc.)

_____ Behavior Management (following school rules and expectations, making good choices, etc.)

_____ Crisis Intervention (death/grieving, family issues, stress management, etc.)

If you have any questions, concerns, or suggestions, please do not hesitate to contact me **(702) 799-4223 extension 4351** or via e-mail at **newtojm1@nv.ccsd.net**. I also welcome parent/guardian visits to my office, so feel free to call and we can arrange a time to meet.

Please check one of the statements below, sign, and return the entire form to school with your child.
Thank you!

____ I **DO** give permission for my child, _____, to receive school social work services. Consent for services will be valid for one year from today's date.
_____ will provide the services. I may contact you directly to review your child's progress and discuss further recommendations. Permission can be withdrawn at any time with written notice to school social worker.

____ I **DO NOT** give permission for my child, _____, to receive school social work services.

Parent/Guardian (Print Name)

Date

Parent/Guardian (Signature)

Phone Number

Please return to the School Social Worker/Mental Health Professional