



Consent for Social Emotional Services

We have staffed our schools with qualified professionals that are able to help students that may be experiencing stress, sadness, anger or other emotions that can impact their school lives. If you or your child seeks help or if a school staff refers them because of a concern, we want your consent to support them. This form will authorize DCPS school professionals, (school social workers and/or school psychologists) to begin the process of working with your child. You will be notified and included in any plan for services, consistent with best practices.

The information on this form will be reviewed by the School Mental Health Team and will be treated per confidentiality guidelines. The District of Columbia Public Schools (DCPS) adheres to the standards and obligations set forth under the Family Educational Rights and Privacy Act (FERPA) (20 USC § 1232g) protecting the privacy of student information. This form is voluntary.

Consent for Services	Student's First & Last Name:	Parent/Guardian's Name:	Phone number:
	Student's School:	Student's Grade:	School phone number:
	I, the undersigned, consent for school mental health services provided by the appropriate school personnel (school social worker, school psychologist) relating to social emotional wellbeing and academic development.		
	Parent/Guardian's Signature:	Date:	If applicable, my consent expires:

Please place a check (✓) to indicate if your child has or is currently experiencing any of the following:

- Parental divorce/ separation
 Homelessness
 Foster care
 Incarcerated parent
 Death of close family
 Other Trauma

Would you like to be contacted by a member of the school mental health team to discuss further?

- Yes
 Not at this time

School Use Only	School Mental Health Team Review Date:	Parent Contact Date:
	Follow-Up:	