

## <u>Dufferin-Peel Catholic</u>

**District School Board** 

40 Matheson Blvd. West, Mississauga, Ontario, L5R 1C5 - Tel. 905-890-1221

## SCHOOL SOCIAL WORK SRVICES CONSENT FORM

RE:			
STUDENT'S NAME		D.O.B.	
STUDENT'S ADDRESS		SCHOOL	
developmental, social, emo ake the form of counselling	tional or educational purp g meetingswith you and/or ions with school person	oseSchool Social with other family new assessments,	ly and/or your child for behavioural, all Work services within the Board may members, counselling meetings with or referrals to outside agencies for.
have been informed by:			
<ul><li>% School Social Worker</li><li>% School Principal/Vice-F</li></ul>	Principal	‰ My chil ‰ Other	ld's teacher
hat school social work serv	vices may be of assistance	e.	
,	consent  The involvement of So		ervice
%0	Social Work access to	ne Ontario Studen	t Record
SIGNATURE OF PARENT	STUDENT OR GUARDIA	AN DATE	
	erbal consent given by p	arent, student or ç	guardian:
% The involvement of SchφSocial Work Service			rvice
<b>%</b> o	Social Work access toe	thOntario School F	Record
(OBTAINED BY)	SIGNATURE	_	DATE
	POSIT	TION	
White Copy - OSR	Pink C	Сфу - Parent	Green Copy - SW Dept.

Municipal Freedom of Information and Protection of Privacy Act/Personal Health Information Protection Act: 1Personal health 1 information its collected under the legal authority of the Education Act, R.S.O.,1990, and c.E.2, as a mended. 1This information will be 1 used to assist in developing an educational program to fineet the student's fineeds. Questions flegarding the collection of this personal 1 information should be directed to the School Principal 1