

Dufferin-Peel Catholic District School Board

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

SCHOOL SOCIAL WORK SERVICES CONSENT FORM

STUDENT'S NAME STUDENT'S ADDRESS			D.O.B. SCHOOL	
developmental, social, emotion take the form of counselling	onal or educational pur meetings with you and ons with school perso	poses. Scho or with oth nnel, assess	our family and/or your child for behaviour bol Social Work services within the Board meer family members, counselling meetings with sments, or referrals to outside agencies famic year.	
I have been informed by:				
□ School Social Worker□ School Principal/Vice-Principal		0	My child's teacher Other	
that school social work service	es may be of assistance.			
I,	The involvement of S Social Work access to	chool Social		
SIGNATURE OF PARENT,	STUDENT OR GUAR	DIAN	DATE	
V	erbal consent given by	parent, stud	lent or guardian:	
٥	☐ The involvement of School S		Work Service	
	Social Work access to	the Ontario S	School Record	
(OBTAINED BY)	SIGNATURE		DATE	
	PO	SITION		

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

Pink Copy - Parent

Green Copy - SW Dept.

Revised September 26, 2008

White Copy - OSR