School Social Work Services Parent/Guardian Opt-Out Form

_____ I DO NOT give permission for my child ____________________________ to receive social work services at Herod Elementary School.

_____ I understand that in the case of my child needing to be assessed for a crisis, the assessment will still be carried out by the Social Worker or another trained HISD employee.

_____ I understand that by nature of School Social Workers being employees of HISD, they may still have some contact with my child, but my child will not be seen for individual or group sessions by the school Social Worker.

This form expires at the end of the current calendar school year as reflected by the date signed below.

_________________________________  ______________________________________  __________
Parent/Guardian Name                                 Parent/Guardian Signature                        Date

_________________________________  ______________________________________  __________
Social Worker Printed Name                          Social Worker Signature                          Date