School Social Work Services Parent Opt-Out Form

\_\_\_\_\_\_I don’t give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to receive social work services at the Horn 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.**

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Parent/Guardian Printed Name Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker Printed Name Social Worker Signature Date