



## Consent for Prevention and Intervention Services

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sex: M/F: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Dear Parents/Guardians:

As part of the Rockdale County Public Schools student support program, your child has the opportunity to work directly with individuals trained to assist your child with his or her behavioral and social/emotional needs through individual and/or group sessions. These services are designed to help your child achieve success in school.

**Prevention & Intervention Services:** The Prevention & Intervention program is designed to equip students with behavior management strategies that address a variety of concerns by enhancing problem-solving abilities, teaching decision making skills, learning how to manage conflict/change, and/or developing a positive self-concept. Individual and/or small group sessions run between 30 to 45 minutes weekly. The meeting times will be scheduled with classroom teachers to avoid disruption to the academic day.

The P&I Specialist assigned to your child's school is: \_\_\_\_\_ (Name/Phone/E-mail)

We look forward to working with your child and creating a positive and rewarding experience for everyone.

### Parent/Guardian Consent for P&I Services

<input type="checkbox"/>	I give permission for my child to receive Prevention and Intervention Services in Rockdale County Public Schools.
<input type="checkbox"/>	I <i>do not</i> give permission for my child to receive Prevention and Intervention Services in Rockdale County Public Schools.

### Parent/Guardian Signature

By my signature below, I verify that I am, in fact, the current legal guardian for the above-named child.  Parent/Guardian signature _____ Date: _____
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If you have any questions or concerns, please contact: \_\_\_\_\_ (Name/Phone/E-mail)

**Return completed form to contact listed above.**