Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Odin School District offers individual and group social work services to all its students. Students may wish to see the social worker for a variety of reasons including but not limited to: concerns about self-esteem, coping skills, stress management skills, peer interactions, anger management, divorce/separation/loss, and social skills. Students may be referred to the school social worker by parents, teachers, staff, the principal, or self. Students who wish to see the social worker on an ongoing basis must have a signed consent on file.

All content within sessions is kept confidential with the exception of threats to hurt his/herself or someone else or if the student reports any form abuse. As a mandated reporter, I am required to report disclosures of abuse and neglect to the Department of Children and Family Services (DCFS).

It has come to my attention that your son or daughter may benefit from social work services in the school regarding struggles in the classroom or at home. I am requesting consent to speak to them further regarding any struggles or troubles they may be experiencing. If you have any questions or concerns or wish to discuss the student’s general progress, I may be reached at 618-775-8266 ext. 130 or sschomaker@odinpublicschools.org

Sincerely,

Sarah Schomaker, MSW

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

see the school social worker.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_