



Halifax

Regional Centre for Education

**STUDENT SUPPORT WORKER PROGRAM
CONSENT FOR SERVICES**

Dear Parent/Guardian,

We would like to invite your student to participate in the Student Support Worker Program. The Student Support Worker Program provides support to promote the academic success and improved academic and cultural self-esteem of African Nova Scotian students. Student Support Workers serve as positive role models and work collaboratively with administration, teachers, parents/guardians and the community to support students in areas that impact their educational achievement. This referral is part of the ongoing efforts of the school team to identify and meet your student’s needs at school. **(Department of Education and Early Childhood Development, (2011). African Nova Scotian Student Support Worker: guidelines, Standards, and Evaluation, p.4).**

_____ of _____ has been
(Name of student) (School)

referred to the Student Support Worker Program for the following reason(s):

Please complete the following section and return the form to the school.

I, _____, have been informed about the reasons for this referral having been made, and have been given a description of the services being considered for the student under my care. Moreover, I have been informed of the name(s) of the school board Student Support Worker who will provide this service (these services) and have been given an approximation of when the service(s) will be provided. I have had the opportunity to ask questions regarding the intended service(s) and have had my questions answered to my satisfaction.

I, _____, am satisfied that I have all necessary information to allow me to give my informed consent for the service(s) described above, and therefore give that consent.

Parent(s)/Guardian(s)/Student Signature

Phone Number

Date: _____