



Consent for Support Services

The Office of Safe and Respectful Learning Environments from the Nevada Department of Education has provided funds to select schools in the Washoe County School District to provide support services that promote student behavioral and academic success. These services are provided by Safe School Professionals who have a training background in counseling, social work, and/or psychology.

We are seeking parent consent for student participation in the service(s) described below. Please complete the form below if you consent to your student’s participation. If you have any questions, please contact the designated Safe School Professional.

Student Last Name	First Name, MI	School / Grade

I give consent for my child, _____, to receive the support services indicated below that are provided by the Safe School Professional at my child’s school. Your consent is valid for one year from the date of your signature below and can be withdrawn at any time with written notice to your child’s school.

- Individual Support: _____
- Group Support: Hopeful Minds _____
- Other Support: _____

Parent/Guardian (Print Name)	Parent/Guardian Signature	Date
Caitlin Check	caitlin.check@washoeschools.net	775-327-0729
Safe School Professional	E-mail	Phone

Please contact your child’s school counselor and/or the Counseling / Social Work Department at 850-8011 if you have additional questions or any concerns.