

Student Name: _____

Student's date of birth: _____

Dear Parent(s)/Caregiver(s):

Your child has been referred to the school's Family Wellness Worker (FWW). The primary role of the Family Wellness Worker (FWW) is to provide social/emotional support and facilitate connections among family, school, and community resources. The Family Wellness Worker role typically involves collaborating with school staff, facilitating referrals to community resources, and providing support to students and/or family members. The format and structure of the support varies based on the needs of the student, school needs as well as time and scheduling. Specific support from a Family Wellness Worker (FWW) could include:

- One-on-one conversations
- Group work (e.g. a small group that meets regularly for a designated time to work on certain goals)
- Parent support
- Referring to and connecting with external service providers (community-based supports, etc.)

Additionally, a FWW may provide support at the school-level which might include class presentations, leading student clubs or arranging for external presentations. Classroom, drop-in activities and school-level activities led by a FWW do not require consent as these are general supports available to all students.

When working individually or in a small group with a student, any information gathered by the FWW is confidential and stored securely. Exceptions to confidentiality include situations where Elk Island Catholic Schools staff are required by law to report, such as if there is risk of harm to the health or safety of an individual, or suspicion of abuse or neglect of a minor. Additionally, pertinent personal information may be shared with members of my child's learning team for the purpose of improving programming and support. Information will also be shared, as needed, with other schools within Elk Island Catholic Schools if your child transfers to another school. This is to support continuity of care for your child. Be please assured that sharing of information will be done with utmost care and respect and only if deemed to be in the best interests of your child. If you have any questions, please reach out to your school's Family Wellness Worker directly.

Please complete the following information and return the form to school:

As the parent or legal guardian of _____, I **give consent** to the Family Wellness Worker (FWW) at _____ (school name) to provide extra support to my child and/or family for the 2024-2025 school year. I understand that I may revoke this consent at any time by writing to the FWW and School Principal. This consent is valid until June 30 of the current school year.

Date: _____

***Parent/Guardian:** _____
(Signature)

(Please Print Name)

Student:
(16 years and older) _____
(Signature)

(Please Print Name)