

**Mi’kmaq/Indigenous Student Support**

**CONSENT FOR SERVICES**

Dear: Parent(s)/Legal Guardian(s), and/or Student:

We would like to invite your child to participate in the Mi’kmaq/Indigenous Student Support Worker Program. The Mi’kmaq/Indigenous Student Support Worker Program provides support to promote the academic success and improved academic and cultural self-esteem of Indigenous students.Student Support Workers serve as positive role models and also 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 child’s needs at school.**(Department of Education and Early Childhood Development, 2011).**

If you have any questions, please contact Rachel Merrick-Mi’kmaq/Indigenous Student Support Worker

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(name of student) (school)

**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 regional centre staff member(s) 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.

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Parent(s)/Legal Guardian(s)/Student Signature Phone Number

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_