

Department of Education Parent/Guardian Consent Form

The Tla'amin Department of Education team is here to support Nation citizens of all ages in their educational journeys. The team accompanies individuals and families navigating the education system by providing a range of services, advocating for students to be well supported with connection to needed external supports, including a lens on their holistic wellness to support their learning.

This consent covers all Tla'amin Education Department supports related to your child's education. This good work is accomplished, but is not limited to, the following staff:

- Director of Education
- Education Manager
- Education Administrative Assistant
- Education & Employment Counsellor
- Child and Youth Counsellor
- Post-Secondary Education Coordinator
- Student Success & Wellness Coordinator
- Cultural Support Workers

***If clinical counselling or therapeutic mental health services are recommended for your child, a separate consent form will be provided to ensure informed consent and privacy.*

PLEASE PROVIDE THE FOLLOWING INFORMATION

Parent/Guardian's Name(s): _____

I give permission to Tla'amin Nation's Department of Education staff to have access to the information held at the school about my child to support my child's wellbeing and success.

Child #1's Name: _____ School: _____

Child #2's Name: _____ School: _____

Child #3's Name: _____ School: _____

Child #4's Name: _____ School: _____

The Nation's Department of Education staff have my permission to participate in the following meetings about my child/children: (Please check all that you consent to)

- School Based Team meetings
- Individualized Education Plan (IEP) or Individual Learning Plan (ILP) meetings
- Any school-related meeting where my child is being discussed
- Other: _____

The staff listed below are **NOT** given consent to participate in meetings where my child/children is/are being discussed:

I give Tla'amin Nation's Department of Education the permission to have access to the following personal information for the sole purpose of supporting my child in school: (Please check all that you consent to)

- Individualized Education Plan (IEP) or Individual Learning Plan (ILP)
- Psychoeducational Assessments and/or Developmental Assessments
- My Child's Resume and Cover Letter
- All documents required to support my child's educational journey

I give the Tla'amin Nation Education Department permission to share the information selected above with the following contacts: (Please check all that you consent to)

- | | |
|--|---|
| <input type="checkbox"/> qathet School District #47 staff | <input type="checkbox"/> Assumption School staff |
| <input type="checkbox"/> Powell River Christian School staff | <input type="checkbox"/> École Côte du Soleil staff |
| <input type="checkbox"/> Vancouver Island University (VIU) | <input type="checkbox"/> Vancouver Coastal Health |
| <input type="checkbox"/> Tla'amin Health | <input type="checkbox"/> Tla'amin Child and Family Services |
| <input type="checkbox"/> Tla'amin Recreation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> North Vancouver Island Aboriginal Training Society (NVIATS) | |

Personal information and contents of Tla'amin Nation's Department of Education supports are considered confidential. Both verbal and written records about a person cannot be shared with another party without written consent of that person or that person's legal guardian. This includes requests by telephone, all interactions with the Tla'amin Education Team, any scheduling or appointment notes, all session content records and any progress notes that are taken during meetings.

The following circumstances are exceptions to this confidentiality:

1. Disclosure of one's intention to harm another person must be reported to legal authorities as well as the intended victims. **2.** Disclosure of suicide plans or implied suicide plans must be reported to legal authorities. **3.** Disclosure of child abuse, any suspected situation in which a child or vulnerable adult may be considered at risk must be reported to the appropriate social service and/or legal authorities. **4.** Administrative Staff at the Tla'amin Department of Education.

- I understand the nature and limits of confidentiality.**
- I consent to the Nation's Department of Education's use of email to communicate about my child/children and share documents.**
- I would like the opportunity to discuss this Consent Form with a member of the Nation's Department of Education team.**
- I understand the permissions I have provided can be changed or revoked at any time.**

Please sign and date this document to confirm or deny your consent:

- I **DO** give consent to all the specified details above
- I **DO NOT** give consent

Parent/Guardian signature

Date