

## School Leavers Program Consent for Information Sharing



Name of Regional Centre for Education: \_\_\_\_\_

School: \_\_\_\_\_

Name of Local Area Coordinator: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student ID: \_\_\_\_\_

### For Parent/Guardian

The School Leaver Program is seeking your permission and consent for your child's school and Local Area Coordinator (LAC) to share information about your child. This will be done to:

- facilitate the creation of a transition plan for your child
- coordinate services for your child
- provide services to your child
- allow your child's school, LAC and other relevant parties to the School Leavers Program to report to each other on your child's progress
- monitor, and to evaluate your child's progress through the program.

This consent will be effective for one year from the date of signing of this form.

### Information That May Be Shared

Information that may be shared between Local Area Coordinators and schools may include, but is not limited to:

- Information about school-based services such as SchoolsPlus or School Health Partnership (SHP), including referral(s), intake form(s), case notes, and service plans

- academic progress such as report cards and transcripts
- dates of enrolment, transfer, withdrawal, graduation, and attendance
- discipline and suspension information
- information about educational services such as Individual Program Plans and documented Adaptations
- medical information affecting educational programming or health and safety
- custody information
- referrals, reports, and correspondence from school and regional staff such as psychologists, school guidance counsellors, hearing and speech clinicians, and social workers

All collection, use, and sharing of personal information will follow the requirements of the Nova Scotia *Freedom of Information and Protection of Privacy Act*.

For more information about the School Leavers Program, please visit

<https://www.ednet.ns.ca/school-leavers> or email [school-leavers@novascotia.ca](mailto:school-leavers@novascotia.ca).

### **Parent/Guardian Declaration of Consent**

- ☐ I have reviewed the above information and consent for my child's school and Local Area Coordinator (LAC) to share information about my child.
- ☐ I understand that my consent is only valid for one year, and that if I do not wish to have certain types of personal information shared, I may strike out the type of information and initial the striking out.
- ☐ I understand that I may withdraw my consent in whole or in part at any time.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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