

**Arlington Independent School District
District Intervention Program**

Name _____ I.D.# _____ Grade _____ Age _____

School _____

Counselor _____

Date _____

Parent phone numbers:

Home: _____

Parent's Name _____

Work: _____

Cell: _____

AISSD employs District Intervention Specialists to assist with substance abuse concerns. This counselor will maintain confidential records.

Please check () the yes boxes only if you agree that the statements are correct. If the statements are not correct, check the no boxes. When you are finished, please sign your name with the date and return this form to the school's counselor.

Yes No

 I have been fully informed and do understand the intervention assessment process and the reason it is being offered to my child. If no, please explain:

 I have been given the name and telephone number of a school staff member whom I may call if I wish to have more information or if I have any questions.

 I do give permission for the District Intervention Specialist to meet with my son/daughter regarding the possibility of substance abuse.

 I do give permission for the Substance Abuse Subtle Screening Inventory (SASSI) to be given to my child.

 The interventionist may suggest a list of community resources for the convenience of my family.

 I understand that my consent is voluntary.

Signature of custodial parent or legal guardian

Date

Signature of interpreter, if used

Date

Please return this form to _____ at _____ by _____.

The following is to be completed by the student with the interventionist:

I give permission for the interventionist to share information with my parents. Any information shared with the Specialist will be kept confidential unless the information has to do with the physical safety of the student or other individuals. This includes: Suspected Child Abuse, Possession of Illegal Substances, Possession of Weapons, Threats of Violence, Suicide.

Signature

Date