STUDENTS

School Social Work and Comprehensive Child Study Services

I. Goal of School Social Work and Comprehensive Child Study Services (CCS)

School and CCS social workers are trained mental health professionals with a master’s degree in social work from a university accredited by the Council on Social Work Education and are licensed by the Virginia Department of Education, 8VAC20-22-660; 34 CFR 300 .34(c)(14)). In conjunction with the Office of Student Services, school social workers contribute to the development of a healthy, safe, and caring environment by increasing the understanding of the social/emotional strengths and needs of students as they relate to individual and/or family mental health factors, individual learning differences, community, or cultural factors that may be impacting a student’s academic performance.

The primary goal of all school social work and CCS is to support the educational mission of Prince William County Public Schools (PWCS) by providing a research-based continuum of service delivery in the following areas: (1) direct services to students; (2) related services under IDEA; (3) services to school personnel; and (4) serving as a school-community liaison for staff, students, and parents.

A. Direct Services - Use evidence based intervention strategies, through individual and group counseling, to build students’ individual strengths offering students maximum opportunity to participate in the planning and direction of their own learning experience while increasing the understanding of the role that family, mental health issues, community, and cultural factors have on a student’s academic performance.

B. Related Services Under IDEA - In providing individual special education counseling as a related service and as members of interdisciplinary teams, (8VAC20-81-110), social workers conduct assessments of student needs that are individualized and provide information that is directly useful for designing interventions that address behaviors of concern, as well as, supporting activities to overcome institutional barriers and gaps in services.

C. School-Community Liaison - Community outreach, collaboration, and partnership development with community agencies. CCS social workers meet monthly with multi-disciplinary community teams to develop student and family action plans.

D. Services to Parents and Families - By serving as a liaison between home and schools, school and CCS social workers empower parents and families to use their strengths to gain access to and effectively use formal and informal community resources to advocate for themselves while developing natural helping networks.
E. Services to School Personnel - Provide consultation to facilitate an understanding of factors in the home, local education agency, and the community that affect students’ educational experiences. Serve as consultants on matters related to discipline, attendance, confidentiality, race, ethnicity and language, mental health, behavior management, crisis intervention, and child abuse and neglect. They develop training programs for parents, teachers, and other local education agency personnel addressing prevention, intervention, and remediation factors that affect students’ success in school.

F. Multicultural Understanding and Competence - Develop heightened self-awareness, knowledge, and practice skills that ensure students and their families are provided services within the context of multicultural understanding and competence that enhance families’ support of students learning experiences.

II. Components of School Social Work and CCS Services

Provide a multi-tiered continuum of services for students, from school based to more intensive community wraparound services. Social workers collaborate with parents, teachers, and other individuals, to promote the academic and social/emotional development of all students through the following programs, policies, and regulations:

A. Federal regulations implementing the Individuals with Disabilities Education Act (IDEA) define social work services in schools as a related service in special education. These services include:

1. Preparing a social or developmental history on a child with a disability (8VAC20-81-70);
2. Group and individual counseling with the child and family;
3. Working in partnership with parents and others on those problems in a child’s living situation (home, school, and community) that affect the child’s adjustment in school;
4. Mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and
5. Assisting in developing positive behavioral intervention strategies for the child.

B. In accordance with § 221.1-272.1 of the Virginia Code, when a student appears to be at risk for suicide, all licensed educational professionals hold the responsibility of reporting the student to a qualified school professional. The school social worker, a qualified school professional, shall be responsible for assessing the student at risk for suicide and following all procedures outlined in the Suicide Prevention/Intervention Handbook. They also educate students on suicide prevention in the classroom using the evidenced based program Signs of Suicide.
C. Regulation 718-1, “Students Experiencing Homelessness” - The McKinney-Vento Homeless Assistance Act of 2001 (§ 11432), part of the No Child Left Behind Act, helps ensure full and equal educational access to homeless children and youth who are defined as lacking a fixed, regular, and adequate nighttime residence. School and CCS social workers are available to provide case management and facilitate community support for these students and their families.

D. Regulation 724-1, “Attendance and Excuses,” and Regulation 728-1 “Release of Students from Compulsory School Attendance” - The legal release of a student whose primary school problem is truancy should be sought only after other alternatives have been attempted and found ineffective. Alternatives to be considered include the following: Working with counselors, psychologists, visiting teachers/school social workers, student assistance program specialists, special education staff, and attendance officers.

E. Regulation 771-1, “Child Abuse and Child Abuse Reporting Procedures” - Virginia Code § 63.2-1509 – Section A.5, defines a mandated reporter and their responsibilities as a person, who in their professional or official capacity have reason to suspect that a child is an abused or neglected child. School and CCS social workers are available to provide case management and facilitate community support for these students and their families while working collaborative with Prince William Department of Social Services.

F. Regulation 777-1, “Threat Assessment Procedures” - The school staff trained to assess the initial threat shall include, but is not limited to: principal or designee, school security, psychologist, social worker, counselor, and school resource officer. School social workers are available to provide case management and facilitate community support and school re-entry for these students and their families.

G. Regulation 651-2, “Confidentiality of Student-Disclosed Information” - The school social worker and CCS provides adequate safeguards to maintain the privacy and confidentiality of information per PWCS’ policies and regulations as well as maintains accurate records and documentation. School social workers adhere to the National Association of Social Workers (NASW) Code of Ethics and abide by current federal and state laws in regard to persons with disabilities, child welfare, mental health, confidentiality, and student and parent rights.

H. In accordance with VA General Assembly SB 259 Human Trafficking – There is a mandate to educate students on human trafficking. School and CCS social workers provide education and triage services for victims.
I. The Interschool Management of Problems Due to Alcohol, Chemicals, and Tobacco Program (IMPACT) is an after school program (8 hours), taught by school and CCS social workers for students who have violated the “Code of Behavior” with offenses in the area of alcohol or drugs. Students are referred by their administrators. Individual plans are developed with parents. The Focus on Tobacco Program (FOT) is a one day after school program (2 hours) designated to educate students about tobacco and its effects. The program is taught by school social workers and is an intervention for students who violate the “Code of Behavior” with tobacco offenses.

J. Provide support to students experiencing mental health emergencies or require ongoing mental health support to promote academic success per Regulation 757-8, “Mental Health Procedures.”

K. Trained in the evidence-based school crisis intervention program PREPARE and serve on the School Divisions Critical Incident Team to support and debrief students, staff, and schools experiencing significant crisis situations.

L. Support and participate in Olweus Bullying Prevention Program, Healthy Communities · Healthy Youth®, and the World of Difference Diversity training program.

M. CCS social workers chair, present, and provide case management for complex student and family cases through the Family Assessment and Planning Team, Comprehensive Services Act.

N. The Fostering Connections Act of 2008 (P.L. 110-351; Social Security Act, Title IV), Regulation 714-1, “Registration of Students in Foster Care,” requires state child welfare agencies to coordinate efforts to improve educational stability and outcomes for every student in the following areas: (1) school placement determination; and (2) subsequent actions including meals and transportation. The Local Department of Social Services (LDSS) and the Local Education Agency (LEA-school division) are required to work collaboratively to ensure that the conditions of the Fostering Connections Act are met. School social workers facilitate the process.

O. CCS social workers plan, teach, and coordinate the parent component of the summer Sunrise program designed to address kindergarten readiness skills for at risk rising kindergarten students who lack previous structured educational experiences.
P. Comply with Regulations 651-2, “Confidentiality of Student-Disclosed Information,” and Regulation 790-2, “Disclosure/Access to Student Educational Records.” Records of personal/social counseling shall be kept separate from a student’s educational records and shall not be disclosed to third parties without prior parental consent, or as otherwise provided by law. The school and CCS social workers provide adequate safeguards to maintain the privacy and confidentiality of information per PWCS’ policies and regulations as well as maintain accurate records and documentation. They adhere to the NASW Code of Ethics and abide by current federal and state laws in regard to persons with disabilities, child welfare, mental health, and confidentiality.

III. Staffing

School social workers are itinerant staff, assigned to three to four schools within school clusters surrounding each high school. Assignments are based on the eligibility coverage schedule and referral data. CCS social workers are also itinerant and assigned from 10 to 13 elementary schools.

IV. Accessing School Social Work and CCS Services

Parents, teachers, administrators, and other school staff members refer the student to the school social worker or the student can self refer. CCS social workers may be accessed through a referral form when student and family issues and needs surpass what can be supported during the school day (Attachment IV). CCS develops action plans in conjunction with parents, school staff, student, and community agencies through a multi-disciplinary team.

V. Outcomes

Progress monitoring and outcomes are tracked for all student, family, and program interventions and services.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2017.
Parent Permission Letter for Small Group Counseling

________________________
Date

Dear Parent/Guardian:

I am currently offering a (name of group) group which will be conducted in (number and length of counseling sessions). The goal of this group is: (goal).

If you would like your child to participate in this group, please complete the form below and return to me by (date).

If you do not want your child to participate in this group, please check the appropriate line below, sign, and date.

If you have any questions, please call (telephone number) between (time) a.m. and (time) p.m.

Sincerely,

School Social Worker

I give permission for ______________________ to participate in the group.

____________________________________  ______________________
Parent/Guardian Signature                          Date

I do not give permission for ______________________ to participate in the group.

____________________________________  ______________________
Parent/Guardian Signature                          Date
Date

Dear Parent/Guardian:

I am currently offering a (individual counseling session) which will be conducted in (number and length of counseling sessions). The goal of these individual sessions is: (goal).

If you would like your child to participate in these sessions, please complete the form below and return to me by (date).

If you do not want your child to participate in these sessions, please check the appropriate line below, sign, and date.

If you have any questions, please call (telephone number) between (time) a.m. and (time) p.m.

Sincerely,

School Social Worker

I give permission for ___________________ to participate in the individual sessions.

_________________________________  ____________________
Parent/Guardian Signature  Date

I do not give permission for ___________________ to participate in the individual sessions.

_________________________________  ____________________
Parent/Guardian Signature  Date
CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, ______________________________________, am signing this form for
(Full printed name of consenting person or persons)

_______________________________________________________________________________________

(Full printed name of client)

_______________________________________________________________________________________

(Client's Address)

______________________________                  _______________________________

(Client's Date of Birth)   (Client's SSN Optional)

My relationship to the client is:  __Self   __ Parent   __ Guardian

I want the following confidential information about the client (except drug or alcohol abuse diagnoses and treatment) to be exchanged:

__Yes__ No  Assessment Information
__Yes__ No  Medical Diagnosis
__Yes__ No  Educational Records
__Yes__ No  Financial Information
__Yes__ No  Mental Health Diagnosis
__Yes__ No  Psychiatric Records
__Yes__ No  Benefits/Services Needed
__Yes__ No  Medical Records
__Yes__ No  Clinical Justice Records
__Yes__ No  Employment Records
__Yes__ No  Planned, and/or Received
__Yes__ No  Psychological Records
__Yes__ No  Employment Records

Other Information (write in): ____________________________________________________________________________________

I want:  Prince William County Public Schools

(Name and Address of Referring Agency and Staff Contact Person)

And the following other agencies to be able to exchange this information:

__ PWC Community Services Board
__ PWC Department of Social Services
__ Other: __________________________
__ Court Services Unit
__ Cooperative Extension
__ Other: ___________________
__ Other: ____________________

I want this information to be exchanged ONLY for the following purpose(s):

__ Service Coordination and Treatment Planning
__ Other (write in):

I want information to be shared:  (Check all that apply)

__ Written Information
__ In Meeting or By Phone
__ Email and Computerized Data

I want to share additional information received after this consent is signed:  ___ Yes     ___No

This consent is good until:___________________________________________________________________________

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all the agencies to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signature(s):______________________________________________________   Date:________________________

(Consenting Person or Persons)

Person Explaining Form:

(Name)       (Title)       (Phone)

Witness (If Required):

(Signature)  (Address)  (Phone)

The Comprehensive Child Study Program has been explained to me and I am not interested in participating at this time.

Signature(s):______________________________________________________   Date:________________________

Person Explaining Form:

(Name)       (Title)       (Phone)
## Comprehensive Child Study

**INTAKE REFERRAL FORM**

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Student Name:</td>
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<tr>
<td>School:</td>
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<td>Grade:</td>
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<td>Teacher:</td>
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<td>School Counselor:</td>
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<td>Referral Source:</td>
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<td>School Social Worker:</td>
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<td>Date:</td>
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<td>SSW alerted prior to referring:</td>
<td>Yes   No</td>
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### INSTRUCTIONS

Please check all statements that apply to the student. Use the back of the form to provide additional information.

Please fax completed form to Beth Eaves 703.791.8839

### BEHAVIOR AT SCHOOL

- **Office Referrals**: The student has received 3 or more documented office referrals for behavior related concerns (school or bus).
- **Suspensions**: The student has been suspended or has a history of suspensions due to behavior related concerns. The suspensions may be in or out of school and/or bus suspensions.
- **Threat Assessments**: The student has made a verbal, written, or physical threat against a peer or staff member. The threat assessment is either at the school level and/or central office level.
- **Placement Changes**: Consideration of a more restrictive placement such as SPED, Rebound, Self-Contained SPED, PACE/IH, Private Day, Residential.
- **Attendance**: The student has more than 5 unexcused absences and/or involved with the attendance officer.
- **Internalizing Behaviors**: Student exhibits symptoms of anxiety and/or depression such as withdrawal, preferring to be alone, nervousness, fearfulness, crying, or somatic complaints.

### COMPLEX MEDICAL ISSUES

- **Limited or No insurance**: The student has no insurance or insufficient insurance to cover medical and/or emotional issues, multiple doctor appointments, nursing needs, psychiatric needs to include medication.
- **Waiver**: The student has medical and/or behavior issues that may be qualifiers for a Medicaid waiver.
- **Hygiene**: A student’s hygiene is affecting their overall functioning at home and/or at school. Hygiene includes poor dental care (dental care needed), having poor personal hygiene such as not bathing, not changing clothes, not washing or brushing hair (being unkempt).

### FAMILY AND HOME ENVIRONMENT

- **Behavior**: The caretakers are having trouble disciplining and maintaining the student at home.
- **Family Mental Health**: One or more of the members of the family system have alleged or observed mental health issues that create barriers for meeting the needs of the student.
- **Parental Needs**: Caregiver might benefit from additional support.
- **Acculturation**: The student or family has cultural differences that have created challenges or difficulties such as lack of resources, fear of the system, and lack of trust.
- **Basic Needs**: The family struggles to meet the student’s basic needs for food, clothing, and shelter.
Comprehensive Child Study Case Action Form

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Person Responsible</th>
<th>Outcome</th>
<th>Date Completed</th>
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Participants in Plan Development:
Closure Date: __________________________