

PINELLAS COUNTY SCHOOLS
INFORMED CONSENT FORM FOR SERVICES
Project TIERS – Small Group Sessions

Pinellas County Schools is committed to supporting the well-being of all students. We are partnering with the University of South Florida via Project TIERS (Targeted and Intensive Emotional and Relation Supports), a federally funded program for providing mental health services in schools. Your child's data as it relates to the impact of services will not be used for research, now or in the future. Through this partnership, students attending select Pinellas County elementary schools were given the opportunity to be screened to see if they may benefit from additional emotional or social supports provided by the Project TIERS team in collaboration with school staff. You are receiving this current consent form because you agreed for your child to be screened and the results indicated that your child may benefit from the additional supports that are available. The information in this document should help you to decide if your child may receive these additional supports.

Informed Consent

Your child's participation is voluntary. As the legal parent/guardian of a student enrolled at [school], you must provide written informed consent if you would like your child to receive these services. You may withdraw your consent at any time. Whether or not you consent to services will not impact your child's grades or other opportunities at school.

Services To Be Provided

This consent form is for small group intervention sessions provided through Project TIERS. These small group sessions are designed to build social skills, emotional well-being, and resilience. Selected interventions are Skillstreaming (Grades K-5), Strong Start (Grades K-2), and Strong Kids (Grades 3-5). Groups will be facilitated by trained graduate students from USF's School Psychology program who will be supervised by a credentialed school psychologist. Groups will take place weekly during the regular school day on the school campus. The Project TIERS team will work with your child's teacher(s) to schedule their group during a weekly day and time that limits disruption to their regular academic schedule. Groups will not occur on non-school days (e.g., scheduled school holidays, cancellation due to hurricane). Interventions are anticipated to last for approximately 10 to 12 weeks. Your child's teacher will fill out a brief rating of the skills they have been learning in groups. These data will help school personnel determine improvement over time in your child's ability to demonstrate skills targeted by intervention groups. These data will be shared with the Project TIERS team in accordance with PCS policies (see Confidentiality section below).

By signing the current consent form, you agree that you understand that services are not a substitute for psychological counseling, diagnosis, or medication, as these are not the responsibility of the school.

Benefits and Risks

There are no costs to you if your child participates. As the legal parent/guardian, you understand that there may be benefits and risks associated with participation in intervention groups. Benefits include better understanding your child's strengths and needs, and the potential enhancement of their social skills, emotional well-being, and resilience. Initially, some children may feel discomfort when learning new well-being and resilience skills, but it is not anticipated that the discomfort will be any more than they would experience in the course of a typical school day. Your child's participation in Project TIERS intervention groups is voluntary. Students will be asked if they want to join the group each day. If they come to group and then communicate that they do not wish to stay, they will be escorted back to their assigned location.

Confidentiality

Your child's information will be kept private and confidential, as with all other student data in PCS. Only authorized individuals will have access to your child's data. Anyone with the authority to look at your child's information must keep it confidential.

In addition to the information described above, if you consent, we will share the following unidentifiable information with authorized Project TIERS staff: participating child's grade in school, child's race and ethnicity, and child's home language.

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Child's Name _____ Teacher's Name _____

I, _____, am the legal parent/guardian of _____.

I have read, understand, and agree to the terms of the Project TIERS Consent for Intervention.

Please check one:

_____ I give permission for my child to participate in Project TIERS intervention groups.

I understand that consent is voluntary on my part and may be withdrawn at any time by signing and dating a written note requesting termination of services. If I later withdraw consent, I understand that the withdrawal of consent is not retroactive (i.e., it does not negate an action that occurred after consent was granted and before consent was withdrawn).

_____ I do NOT give permission for my child to participate in Project TIERS intervention groups. My child will not receive additional supports provided through Project TIERS unless I later consent to services.

Legal Parent/Guardian Name _____

Legal Parent/Guardian Signature _____ Date _____