



Staff Signature/Credentials

DATA is the premier provider of behavioral health prevention and treatment services to youth and families in southeast Florida. For over 20 years we have been improving the health and wellness of students in area school districts. It is a privilege to be able to work with your child to assist them in achieving their full potential. If you would like any additional information about our school-based intervention program, or any of our programs along the continuum of care, please contact Ms. Youlanda Thompson, Director of School-Based Programs, at 561.844.3556.

Student's Name:	Parent/Legal Guardian Name:
Student's School:	Parent/Legal Guardian Phone Number:
School-Based Intervention Counselor:	Phone Number:
	or seek services on their own throughout the course of the academic at this school to provide my child the following opportunities:
 Assessment services to determine need fo 	r services and proper placement.
 Referrals and linkages to community resources. 	urces.
 Alcohol and other drug use prevention counseling, health and wellness activities, 	and intervention services, including individual, family, and/or group intervention planning/goal setting, etc.
provide intervention services to my child at their solution in the solution in	arent/ <u>legal</u> guardian. I give permission for the Intervention Specialist to school or via remote/telehealth platforms if my child is participating in cknowledge that I was afforded the opportunity to have all questions rogram. Should I have any additional questions, I will contact my child's ne school's principal.
Parent/Guardian Signature	 Date
Client Signature	 Date



Date