

# CCSC CLAYTON COUNTY SYSTEM of CARE

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

Name: \_\_\_\_\_  
Last First Middle

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

Birthdate: \_\_\_\_\_

Dear Parent or Legal Guardian:

The Clayton County System of Care (CCSC) philosophy and mission are driven by the belief that services for children and youth should be community based, child centered, and family focused with consideration to cultural and linguistic needs. Your child has been referred to the CCSC screening team based on the data collected from the school system. The purpose of this screening is to identify and help your child with concerns he may be experiencing at home, school, or in the community.

During this process, you will be asked to complete a Behavior Assessment Scale for Children - Second Edition Parent Report Form (BASC-2 PRF). Your child's teacher will also complete the Behavior Assessment Scale for Children - Second Edition Teacher Report Form (BASC-2 TRF) and your child will complete a Behavior Assessment Scale for Children - Second Edition Self-Report of Personality (BASC-2 SRP). Should you have any questions regarding the reason for the referral, or the screening, please contact your child's school counselor. If the screening indicates qualifying criteria for CCSC services, your child's school counselor or school social worker will contact you to schedule an appointment date to meet with you and the CCSC team. An action plan for treatment will be developed at that meeting based on the information collected.

The statement on the bottom of this letter is for you to indicate your consent to:

1. have your child screened as outlined above;
2. have your child scheduled for an action plan for treatment staffing (if criteria qualifying your child is identified);
3. have your child receive the treatment services outlined in the action plan for treatment;
4. authorize Clayton County Public Schools (CCPS) to release academic records/transcripts, discipline records, and attendance data regarding your child, to CCSC staff and providers; and
5. authorize CCSC providers, CCSC staff, and your child's school staff to communicate information regarding progress or lack of progress during the CCSC treatment process.

Furthermore, you will be given the opportunity to participate in all recommendations and the development of the treatment action plan for your child. If you have any questions concerning the CCSC process or procedures, please call me at (770) 477-3246. We look forward working with you and your child.

Sincerely,



Sheryl Teske  
CCSC Administrator

I have read/or have had read to me this letter requesting permission for screening; assessment; action plan for treatment development; referral to CCSC service providers; and release of indicated education records and or communication between CCPS and CCSC staff and providers.

\_\_\_\_ I agree for the Clayton County System of Care to screen, develop a staffing action plan, refer to CCSC service providers to implement interventions in the treatment plan, and to authorize CCPS to release indicated educational records and or communicate to CCSC staff and providers.

\_\_\_\_ I do not agree to the screening; treatment plan development; referral to the CCSC service providers to implement interventions in the treatment plan, or authorize CCPS to release indicated educational records and or communicate between CCPS and CCSC staff and providers for the following reasons:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Internal Use:** Date Signed Consent Received by School: \_\_\_\_\_ Name of Staffing Facilitator: \_\_\_\_\_

*Partnering for positive futures for Clayton County children and families.*