



Communities In Schools

South Central Texas

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Welcome to those families new to Byron P. Steele II High School and welcome back to those families returning! My name is Adrienne McGill and I work as the Site Coordinator with Communities In Schools (CIS) at Byron P. Steele II High School. CIS is a part of the BSHS family and so I would like to share a little information about my program and how it may benefit your child and family.

CIS is a local, non-profit organization which is part of a nation-wide "stay-in-school" network. On campus, CIS works closely with families, teachers, principals, and other school staff to help students be successful in school. Our goal is help children learn, stay in school, and make positive life choices. CIS "Site Coordinators" are housed on school campuses to help create a support system for students. We successfully build support systems with the aid of parents, school staff, local businesses, civic organizations, government, social service providers, and volunteer groups.

Activities provided by CIS are designed to help students improve self-confidence, behavior, attendance, and grades. For students, CIS can provide: counseling and support, academic support (including homework assistance, organizational skills, etc.), school supply assistance, and group activities to address social skills, character development, career awareness, and self-esteem. These activities can take place in person while at school or virtually using technology like Google classroom, Google Voice, Dojo and even Zoom if your child is at home. If these platforms will be used to provide services to you or your child, I will call or email you.

For parents, CIS can provide: parental support and guidance, referrals to community agencies for counseling, employment information, and basic needs. CIS can also serve as a link for healthcare and/or medical issues with community services (i.e. medical, dental, vision).

CIS works with families to reduce barriers to a successful education and prepare students for fun-filled days of learning! Please feel free to reach me on campus or by phone at (210) 619-4075 if you have any questions about the Communities In Schools program. I can also be contacted if you are interested in becoming a CIS volunteer.

If you would like your child to participate in CIS, please sign the attached consent form and return to me as soon as possible. If you would like to talk further about the programs I can offer, please do not hesitate to give me a call at the number above. We are all in this together!

Have a WONDERFUL school year!!

Adrienne McGill, LMSW
CIS Site Coordinator
Byron P. Steele II High School

CIS STUDENT RECOMMENDATION FORM

School Year 2022-2023

Last Name: _____ First Name: _____ Grade: _____

Please mark all areas of concern for this student and provide as much information as possible to assist in planning services. The student may be served by CIS at school or referred to an outside agency for services.

- Academics: _____
- Attendance: _____
- Behavior: _____
- Social Service Needs: _____

Comments: (include areas for growth as well as strengths)

- My relationship to this student is:
- | | | | | | | | |
|---------------------------------|---------------------------------------|---|--|--|---|----------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Principal | <input type="checkbox"/> CIS Staff | <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Self-Referral | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Teacher | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Peer | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> Texas Youth Hotline | <input type="checkbox"/> Other: _____ | | | |

* Recommendation Source Name (printed): _____

* Signature: _____ Date: _____

Please return this form to the CIS office. Thank you.

CIS Use Only

Verbal / email recommendation taken from: _____

Relationship: _____ Date: _____

Follow-up Note: _____

CIS Staff Signature: _____ Date: _____

(Signature must be in ink)

CIS PARENT CONSENT / RELEASE OF INFORMATION FORM

School Year 2022-2023

Consent to Participate:

1. I give permission for my child (name): _____ to participate in the Communities In Schools (CIS) program for the 2022-2023 school year. Services my child may receive include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, referrals to other agencies, and other: _____
2. I give permission for my child to complete surveys and/or assessments administered by CIS to guide service planning and determine progress.
3. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already acted in reliance of it.
4. I give permission for my child to participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities/services.
5. I consent to CIS providing support to my child and/or family via telehealth which can include, but not limited to: Google voice and text, Zoom, Google Classroom and other similar technology. I further understand that there are risks unique and specific to telehealth, including but not limited to, the possibility that the telehealth sessions with my site coordinator could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.

Consent to Release of Information:

6. I give permission for CIS to provide and obtain the following information about my child (name): _____ from the school, school district, the Texas Education Agency and/or the CIS National Office: demographics; grade reports; attendance records; test scores; promotion, graduation and leaver status; disciplinary information; class schedules; identification numbers; free/reduced lunch status; health-related information; special education information; interventions and services provided; survey responses and other: _____
7. I acknowledge that the information provided and obtained may be used to plan and adjust services that will help my child, for tracking and reporting purposes, and to evaluate and determine the effectiveness of the CIS program.
8. I acknowledge that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
9. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
10. I acknowledge that this consent allows release of data for the school year listed above. Data from this year will be retained for up to five years and may be shared during that time for evaluation purposes or to provide services that will help my child.
11. I acknowledge that the records released concerning the student may contain references to other persons (i.e., members of the student's family).
12. I understand that the data and information collected on my child including documentation of services provided to my child is maintained in a secure computer database and a case file. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
13. I acknowledge that I have the right to inspect or obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.
14. In addition, I give permission for CIS to provide and/or obtain the above information and other information noted below from the following individuals or organizations:

	Individual/Organization	Information to be Released
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Is my child eligible for free or reduced priced lunch? YES NO

CIS may use photograph(s) or video footage of my child for marketing purposes YES NO

My signature below gives permission for my child to participate in the CIS program. My signature authorizes CIS to obtain the above types of information related to my student and to provide the above types of information to the school, school district, Texas Education Agency, CIS National Office and/or the released agents identified above.

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program. My child and I understand that we are voluntarily participating in the Communities In Schools program.

Parent/Guardian Name (Please print): _____ **Date:** _____

Parent/Guardian Signature: _____ *(Signature must be in ink)*

Telephone _____ **Email** _____

CIS Staff Signature: _____ **Date Received:** _____

Student and Family Information Sheet

Student's Name: _____ **Grade:** _____ **Date of Birth:** _____

Parent's email _____

Please answer the following questions. This information will be kept confidential. It is used for reporting purposes and is required for state funding.

1. Is your child in need of school supplies? YES NO

2. Does your child or family receive any of the following services? (Circle all that apply)

Free or Reduced Lunch	Medicaid	CHIP	TANF# _____
Food Stamps	WIC		

3. Would you be interested in receiving information on any of the above? If yes, which one(s)?

4. Would you be interested in receiving information about community resource programs as they become available these (food pantries, Christmas assistance, Thanksgiving assistance, mobile clinics, etc.)? YES NO

5. Language spoken most often in your home: English Spanish Other

6. Student lives with: (Circle one)

Both Parents	Mother Only	Non-Relative	Psychiatric Facility
Foster Parent	Father Only	Other Relative	Residential Placement
Grandparent	Step-Parent Only	Detention Facility	Legal Guardian
Parent & Step-Parent	Shelter		

7. Do any of the following circumstances apply to your child? (Circle all that apply)

ESL/LEP	Military Family	Incarcerated Parent
Special Education	Natural Disaster Victim	AEP
Migrant Family	Living in a motel/hotel	JJAEP
Homeless	Physical Disability	

8. Please list all others living in your home and their relationship to your child.

<u>Name</u>	<u>Relationship</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Please list the school subjects and behaviors in which your child does well. Please list if your child has good attendance, including being on time to school.

Does well:

10. Please list the school subjects and behaviors which could use improvement and that CIS can possibly help your child. Please also list if your child could use improvement in attendance, including being on time to school.

Could use improvement:

11. Have there been any significant events that have occurred with your child and /or family? (family moved, severe illness, loss of a job, parents separated, divorce, death in the family,etc)

Thank you for sharing this important information with me. It will help me in my plans to assist your child be successful this school year. I look forward to working with your child!