



TOVA Program Information Packet

Dear TOVA Parent:

Your child has been accepted into the TOVA program. TOVA is a unique program developed to identify and assist yeshiva students before complicated problems escalate. The program offers private sessions with a TOVA mentor and may involve short trips off the school grounds with the mentor. With your assistance, our staff and volunteers will be able to help your child have a more successful academic experience. This will likely entail focusing on academic and/or personal issues that are impairing his/her progress. The staff and volunteers of TOVA may provide assistance for your child in the following area: the aforementioned mentoring; networking with schools and synagogue (Rabbi and Youth Directors); support groups for parents; consultation and coordination with treating counselors and health care professionals; as well as referrals for counseling or health care to qualified professional. Although professionally trained, TOVA staff and volunteers do not, themselves, offer professional services such as psychotherapy to TOVA participants.

Please complete the following forms:

- 1) **General Agreement Form**
- 2) **School/Synagogue Release Form**
- 3) **Professional Release Form**
- 4) **Student/Family Information Form**

All information will be kept confidential. TOVA's staff and volunteers, in conjunction with your child's school, govern TOVA's admission policies. TOVA has the unilateral right to remove any student from the program should TOVA feel that this placement is inappropriate. Similarly, you as a parent have the right to withdraw your child from the program at any time you choose. If the student is asked to leave the program, when appropriate, efforts will be made to facilitate other placements and options. The TOVA staff and volunteers reserve the right to request updated evaluations from the person's and/or institutions listed on the Professional Release Form should it be deemed necessary to benefit your child.

Your child's admission into the TOVA program is conditional upon receiving these forms.



General Agreement Form

I/We have received and read the attached TOVA Acceptance Letter, which describes the TOVA program and accepts our/my child, _____ into the Program beginning immediately. I/We agree to abide by the stipulations stated in the Letter, and have consented to the releases of information for the benefit of our/my child in accord with the attached School-Synagogue and Professional Release Forms.

Parent(s) Signature (s): _____

Print Name(s): _____

Date: _____



School/Synagogue Release Form

Please be advised that my child _____ is currently attending _____ (school) and is affiliated with the following synagogue _____.

I/We hereby grant permission to TOVA staff and volunteers to contact any of the personnel of the above listed school and/or Rabbi or youth director of the above listed synagogue to obtain otherwise confidential information about our/my child. I/We grant all of the above listed persons and institutions permission to release any otherwise confidential information, and to consult with TOVA's staff and volunteers about our/my child. I/We also authorize TOVA's staff and volunteers to confer with any of the above persons or institutions and to discuss and release any otherwise confidential information about my child. I/We intend for this to be a continuous release for as long as our/my child is in the TOVA Program. I/We also understand that I/we may withdraw this consent at any time by indicating in writing to TOVA that I/we intend to do so.

A COPY OF THIS RELEASE MAY BE USED IN PLACE OF THE ORIGINAL.

Parent(s) Signature(s) _____

Print Name(s): _____

Date: _____



Professional Release Form

Please be advised that our/my child _____
is currently under the care of the following professionals:

PHYSICIAN

1) Name _____ Address _____
Phone _____ Specialty _____

2) Name _____ Address _____
Phone _____ Specialty _____

PSYCHOLOGIST/ SOCIAL WORKER

Name _____ Address _____
Phone _____

PSYCHIATRIST

Name _____ Address _____
Phone _____

I/We hereby grant permission to TOVA staff and volunteers to contact any of the above listed professionals to obtain otherwise confidential information about our/my child. I/We grant all of the above listed professionals' permission to release any otherwise confidential information, and to consult with TOVA's staff and volunteers about our/my child. I/We also authorize TOVA's staff and volunteers to confer with any of the above professionals or institutions and to discuss and release any otherwise confidential information about our/my child. I/We intend for this to be a continuous release for as long as our/my child is in the TOVA Program. I/We also understand that I/we may withdraw this consent at any time by indicating in writing to TOVA that I/we intend to do so.

A COPY OF THIS RELEASE MAY BE USED IN PLACE OF THE ORIGINAL.

Parent(s) Signature: _____

Print Name(s): _____

Date: _____



Student/Family Information Form

DATE _____

Name of Student _____ Home Phone _____

School _____ Grade _____ D.O.B. _____

Home Address _____

Student Currently Resides With: Mother _____ Father _____ Both _____

Mother's Name _____ Phone Number _____

Work Address _____

Work/ Cell Phone Number _____

E-mail Address _____

Father's Name _____ Phone Number _____

Work Address _____

Work/ Cell Phone Number _____

E-mail Address _____

REFERRED BY:

Name _____ Phone Number _____

Address _____