



Commercial Sexual Exploitation of Children (CSEC) Assessment Consent

The purpose of the Commercial Sexual Exploitation of Children (CSEC) Assessment Consent is to ensure that the child and/or their parent or guardian understands and agrees to an assessment that identifies whether the child has been sexually exploited or trafficked. This consent confirms the informed permission of the parent or guardian for DFCS to proceed with the CSEC assessment, while outlining how information may be used to provide resources for the child and/or parent/guardian.

Date: _____

Child's Name: _____ **DOB:** _____

I (Legal Guardian), _____, understand that a CSEC Assessment involving my child will occur to identify areas of concern and recommendations to further assist the child/family with therapeutic interventions. The assessment will be shared with the Multidisciplinary team members, if deemed necessary. To ensure the highest quality of services, my child's case may be discussed at monthly Multidisciplinary team meetings. Members of the Multidisciplinary team include but are not limited to:

Law Enforcement; Division of Family and Children Services; District Attorney's Office; Local School District; and Mental Health agencies children are involved with.

I consent for DFCS to speak with my child's therapist(s), medical providers, & school system.

In addition, I also give permission for DFCS to speak with the following individuals:

Name: Agency/Individual Contact Information:

**Parent/Guardian's
Signature:** _____

Date: _____

**DFCS case worker/
Agency point of contact:** _____

Date: _____