

RESPONSIVE SERVICES: REFERRAL PROCESS
Informed Consent Form

I have read and understand the information provided by the Professional School Counselor and have had an opportunity to ask questions about counseling.

___ **I consent** for my child to participate in counseling.

I understand that participation is completely voluntary and that classroom requirements take precedence over participation in counseling.

___ **I do not consent** for my child to participate in counseling.

Student First/Last Names (please print)

Parent/Guardian/Student Signature*

Date

**Students age eighteen and over may or may not be required to have a parent/guardian signature. Please contact me for more information.*

Please return this form to the Guidance and Counseling Office by: _____