School Psychology Services - PARENTAL CONSENT FORM

The _____ is committed to providing quality education to its students. In effort to achieve this goal, parents/guardians or school staff may refer students for counseling / guidance classes / remedial classes, or students may request counseling. The focus of the school psychology program is to help students better understand the world they live in and make better decisions that help them live functional lives. There is no separate cost for counseling services.

School Psychologists

School psychologists help children and adolescents succeed academically, socially, behaviorally, and emotionally. They collaborate with educators, parents, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the society for all students.

School Psychologists Work With Students to:

- Provide counseling, instruction, and mentoring for those struggling with academic, social, emotional, and behavioral problems
- Increase achievement by assessing barriers to learning and determining the best instructional strategies to improve learning
- Promote wellness and resilience by reinforcing communication and social skills, problem solving, anger management, self-regulation, self-determination, and optimism
- Enhance understanding and acceptance of diverse cultures and backgrounds

Provisions of Services

It is the policy of the ABCDEFG School to obtain parent/guardian written permission for school psychology services that extends to the whole school year or that is planned on a regular basis. Services include Intake assessment, short term individual counseling, crisis intervention, group counseling, remedial coaching, parent empowerment, teacher empowerment and referrals as needed.

Parental Consent

I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for clinical counseling, diagnosis, or medication, which is not the responsibility of the school. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

Benefits/Risks: I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my child's ability to relate with others, provide a clearer understanding of himself/ herself, along with values, goals, and an ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on my child and his/her relationships.

Confidentiality

I understand that the school counselor will keep information confidential, with some possible exceptions. The counselor is required to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to school security
- Threat to the child

The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others.

Rights to File Access

Records include copies of signed forms, identifying information, dates of session, an initial treatment plan, progress, and copies of correspondence. Records are stored safely with

attention to privacy. I understand that I have a right to access my file and visit with the counselor about the contents of it.

My rights may be denied if it is determined that doing so is likely to endanger the life or physical safety of the child.

Contact

I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. I am free to seek a second opinion or end Counseling at any time.

Permission

I give permission for my child to receive counseling services at ABCDEFG School for the coming academic year June 20 – 20 .

I understand that I may withdraw my consent at any time by signing and dating a written

Student Signature_____

Custodial Parent/Guardian Signature_____

Principal's Signature _____

Date_____