

School Counseling Consent Form

Cache County School District school counselors offer short-term individual counseling to students, as well as small group counseling. Skill areas that may be addressed in these settings include: Friendship and Social Skills; Dealing with Anger, Anxiety, Sadness or Loss; Learning Self Control; Improving Self Esteem; Leadership Skills; and Making Responsible Choices.

Parents/guardians or school staff may refer students for counseling, or students may request counseling for themselves. School Counseling services are short-term services aimed at the more effective education and socialization of a child within the school community. These services are **not** intended as a substitute for diagnosis or treatment for any mental health disorder.

To build trust with the student, the school counselor will keep information confidential, with some exceptions. Because these services are provided to minor children in the school setting, the school counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that they may better assist the child as a team. The counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The counselor will make the child aware, in an age appropriate manner, of these limits to confidentiality and will inform the child when sharing information with others.

"Utah Family Rights and Privacy Act (UFERPA) requires consent from a parent/legal guardian to offer individual or group counseling services. Utah law requires a two-week waiting period prior to participation in a counseling setting. With consent this waiting period may be waived. If information of a life-threatening nature is brought up it will be shared with the parent(s) and appropriate personnel. State law requires that information suggestive of child abuse be reported to the appropriate agency. Information from individual or group sessions may be shared with administration or teachers to benefit student success."

Mentor/Student Interaction

Individual Counseling Session(s)

Group Counseling Session(s)

Option 1: I give consent for my child to participate and waive the two-week waiting period.

Option 2: I give consent for my child to participate, but would like the two-week wait period.

Option 3: I do not give consent for my child to participate.

Student's Name:		
School:	Teacher:	Grade:
<i>I am the legal parent/guardian, and have read, understand, and agree to the terms of this School Counseling Consent. I give permission for my child to receive school counseling services at this school for the current school year 20__/20__. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.</i>		
Parent/Guardian Signature:		Date:
Parent/Guardian Phone:	Parent/Guardian Email:	