



School Counseling Informed Consent Form

Date: __ / __ / __

Dear Parent/Guardian,

Your child, _____, has been referred for school counseling by _____ . As the parent or legal guardian, your consent is required before this service can be provided.

Explanation of School Counseling Services

Guilford County Schools is committed to providing quality education to its students. In an effort to achieve this goal, students may be referred for school counseling services. The aim of the school counseling services is to help students improve learning readiness skills, classroom behaviors, socialization, emotional regulation, and self-awareness as well as to support academic progress. These services may be provided by school counselors, school social workers, school psychologists, trainees, GCS mental health clinicians, other appropriate licensed school employees, or other mental health providers vetted by Guilford County Schools. Additionally, these services can be provided individually or in a small group of other children who are working on similar skills in counseling. Your child's school counseling intervention plan will be sent home following the first session outlining details about the counseling services your child will receive.

Additionally, you will receive a progress summary at least quarterly which will be based on the provider's observations as well as other more formal progress monitoring tools such as pre/post skill assessments and rating scales when appropriate.

These services are available at no cost. However, these services are not intended as a substitute for medication, diagnosis, or community therapeutic services, which are not the responsibility of the school. If your child receives any such services, and you would like for GCS to collaborate with your child's outside providers, please contact School Counselor: _____. If you believe your child has a disability and may be in need of special education, related services, and/or accommodations, please contact the School Counselor or a member of the Exception Children team.

Confidentiality

Because counseling is based on a trusting relationship between counselor and student, the provider will keep information confidential with some possible exceptions. We understand that the provider may share information with parents/guardians, the child's teacher, a supervisor, and/or administrators who work with the child on a need-to-know basis so that we may better help the child as a team.

Under the following circumstances, the provider is required by law to share information with others, including:

- 1) Presenting information about hurting himself/herself (School Administrator, Student Services team, Parent)
- 2) Presenting information about hurting another person (School Administrator, Student Services team, Parent)
- 3) Suspicion or disclosure of abuse (physically, emotionally, and sexually) or neglect (School Administrator, DSS)
- 4) Suspicion or disclosure of a criminal offense being committed against your child, except in limited circumstances (School Administrator, Law Enforcement, Parent)
- 5) Threats to school security (School Administrator)
- 6) If counseling records are court ordered

Contact

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by those providing school counseling services, and the length of counseling, please contact the Proposed Provider: _____ at phone number: _____ or by email at: _____.

Parent/Guardian, please check one and return to the Proposed Provider: _____

_____ **YES, I give permission** for my child, _____, to receive counseling services while attending Guilford County Schools. I have read, understand, and agree to the terms of the attached School Counseling Informed Consent Form. I understand that I may withdraw this consent at any time by signing and dating a written notice requesting termination of counseling services.

_____ **NO, I do not give permission** for my child, _____, to receive counseling services through GCS. I understand that I may request counseling services at a later date if needed.

_____ Date _____
Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Cell Phone _____ Email _____

Date permission received by school: _____

*This form will be filed in the student's cumulative record