# Parent/Guardian Permission for School Counseling Services

Date Student

School Grade

To the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

As a part of every student’s school experience in grades K – 12, school counselors routinely discuss with them issues related to academic planning and progress as well as personal/social development and career decision-making issues. Occasionally it is necessary to do follow-up with students individually or in groups on any of these issues. The Utah Family Educational Rights and Privacy Act (Utah Code 53A – 13 – 301/302) and Protection of Pupil Rights Amendment 20 U.S.C.1232 g. (see “Annual Notice” in your school registration packet) requires school district personnel to have your consent prior to on-going counseling sessions with your student.

Your confidentiality as a student is important to us, but we must report:

## Harm to self or others

This could include things like a suicide attempt or plan, cutting or other self-injury, eating disorders, addictions, fighting or other physical violence, illegal behaviors, threats, etc. -- anything that puts your health or safety, or someone else's health and safety, at risk.

## Abuse or neglect

If you talk with one of us about abuse (physical, emotional, verbal, sexual, or other abuse), whether to yourself or to another minor, we are required by law to report it to Child Protective Services and possibly the police.

## Court or other legal proceedings

By law, if we are subpoenaed (required by law to attend a hearing or other court proceeding), we cannot guarantee that your information will be kept confidential.

I would like to provide your child with school counseling services. If there is ever a need to reveal information, we will let the student know in advance, and work with him/her to handle the situation in a respectful way.

Please check only **ONE** of the items below:

I give consent for my student to participate in school counseling services as outlined above immediately and thereby waive the 2-week waiting period.\*

I give consent for my student to participate in school counseling services as outlined

above but would like the services to begin 2 weeks from the above date.\*

I do NOT give consent for my student to participate in the school counseling services as outlined above at this time.

I have read and I understand the guidance department’s confidentiality guidelines and exceptions.

Student Signature Date

Parent/Guardian Telephone Number Date If you should need further information, or have questions or concerns, please call me:

School Counselor Telephone Number

# Information about Small Group Counseling

## Our school offers various small group counseling opportunities for our students. These groups are short term and generally meet once a week for 5 – 8 weeks. Your student has been referred to one of these counseling groups.

**In order for your student to participate in this counseling group, you will need to sign/date the attached “Parent/Guardian Permission for School Counseling Services” form. Be advised that your signature on this form indicates your permission for this counseling group only.**

## The group your student has been referred to has been planned as follows:

Number of times this counseling group will meet:

Dates/times of counseling group:

Focus of counseling group:

Name(s)/telephone number(s) of individual(s) facilitating this group:

Name: Position Telephone #:

Name: Position Telephone #:

Name: Position Telephone #:

If you have any questions or concerns, please contact any one of the facilitators listed above.

10/2008

English