

Beacon Cove Intermediate School offers short-term individual counseling to students. Parents/Guardians or school staff may refer students for counseling, or students may request counseling.

For counseling that extends beyond two sessions in a school year or that is planned on a regular basis, parent/guardian permission is to be obtained. The bottom portion of this consent form may be returned to the Guidance Department or to your child's teacher.

I understand that school counseling services are short-term services 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 diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary, and whether to seek them for my child.**

In order to build trust with the child, the school counselor will keep information confidential, with some possible exceptions. These services are provided to minor children in the school setting, I understand that 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 we 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 of these limits to confidentiality and will inform the child when sharing information with others. If you would like the counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

We encourage you to contact us whenever you have questions or concerns.

Sincerely,
Mrs. Butler & Mrs. Turney

Child's Name: _____ Grade: _____ Teacher: _____

I, _____, am the legal parent/guardian of _____

I have read, understand, and agree to the terms of the attached **School Counseling Informed Consent**

Please check one:

- I give permission for my child to receive school counseling services at Beacon Cove Intermediate School for the 2015-2016 school year. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

- I choose to decline school counseling services for my child at this time. I understand that I may request counseling services at a later date if needed.

Parent/Guardian (Signature) _____ Date _____

