

Elementary Academy Counseling Consent Form

To the parents/guardian of _____,

Your child has been referred to me for counseling services to work on the following skill(s):

_____ Self-Esteem/Self-Worth _____ Anger-Management _____ Communication Skills
_____ Cooperating with Peers/Teachers _____ Academic Skills

I will be working with your child individually and/or in a group setting for 8 weeks. Services are provided free of charge and may be ended at any time by your child. Information shared by your child is confidential unless there is evidence that your child is in danger of harming his/herself or someone else, your child is being harmed by an individual, physical/sexual abuse, if ordered by the court or there is intent to commit significant property damage. Please return this consent form ASAP. If there are any questions, please call me at Elementary Academy at (408) 555-1234.

Sincerely,

School Counselor

I have read and understood these free services. I agree and give permission for my child, _____ to participate in these counseling services at Elementary Academy.

Parent/Guardian Signature

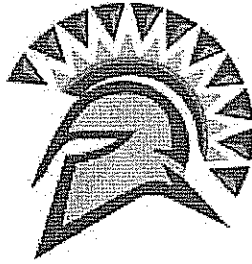
Date _____

Student Signature

Date _____

Counselor Signature

Date _____



Spartan Middle School
Counseling Consent Form

Dear _____,

Spartan Middle School students have the access to Academic and Guidance Counselors where all children have the opportunity to enhance the skills necessary to help them become responsible, successful learners, and promote positive personal and social development.

Spartan Middle School is require by Federal and State laws to inform you that information shared during a counseling session will be confidential. However, there are exceptions to confidentiality under the following circumstances:

- If the student threatens harm to his or herself and/or others.
- If there is a belief that there is some kind of physical and or sexual abuse.
- If the information is required by court order.
- If there is knowledge of, or intent to commit significant property damage.

Also, please be advised that your information may be shared with other appropriate staff or other professional service providers for consultation purposes to better serve your needs.

I, _____, understand and consent to the above conditions and confidentiality laws and regulations as mentioned above.

Your Signature _____ Today's Date: _____

Counselor's Signature _____ Today's Date: _____

Counseling Consent Form

Dear Student,

While attending _____ High School, you have access to counseling and advising services free of charge. Our counseling department is dedicated to helping you succeed in school, as well as in other aspects of your life. We are here to help advance your educational goals, social development and career aspirations. It is important to know that we will listen and attempt to help you with any issues you might have.

According to federal and state laws, any information you share with a counselor during a counseling session will remain confidential. However, there are a few exceptions where confidentiality must be broken, that you need to be aware of:

If the student threatens harm to his or herself and/or others.

If there is a belief, or it is made known, that there is physical and/or sexual abuse.

If the information is requested by court order.

If there is knowledge of, or intent to, commit significant property damage.

Please be aware that your information may be shared with other appropriate faculty members as necessary to better serve your needs.

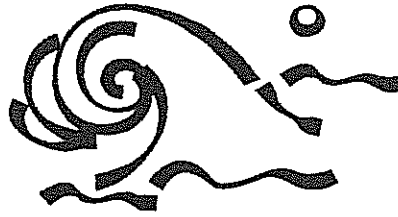
If you have any further questions regarding your rights to privacy during counseling or any other matters of confidentiality please feel free to contact me at _____.

I, _____, understand and consent to the above conditions of confidentiality.
(print student's name)

Student's Signature: _____

Counselor's Signature: _____

Date: _____



**OCEAN VIEW COMMUNITY COLLEGE
COUNSELING SERVICES CONSENT FORM**

Dear Student,

The counseling services offered at Ocean View Community College are included in tuition fees and are required in the matriculation process.

Federal and State laws require counselors to inform students that information discussed in any counseling session will remain confidential except in cases where information regarding the following circumstances is disclosed:

- Danger to self and/or to others
- Physical and/or sexual abuse
- Court ordered request of information
- Knowledge of, or intent to, commit significant property damage

Be advised that information may be shared with other counseling staff to better serve the students' needs. The counselors may refer students to resources outside of the school district if there are additional needs.

Please also be informed of the Family Educational Rights and Privacy Act (FERPA). It is a Federal law which transfers the right to access student educational records from the parent to the student once the student reaches 18 years of age or attends college/university. Please be aware that though written consent from the student is needed in order to release the student's educational records, there are circumstances in which the release of information need not be consented.

If you have any questions and/or concerns regarding your rights to privacy or would like more information regarding what you have read, please contact our counseling staff at (123) 555-4567.

Student Signature

Date

Counselor Signature

Date