

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to receive counseling services from school counselor/school psychologist, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during school hours for a limited number of sessions.

1. Services will be provided at times that minimize time away from academic instruction, whenever possible.
2. If necessary, accommodations will be made with the classroom teacher so that your child will have the opportunity to make-up any missed assignments.
3. Counseling services are being provided with the understanding that confidentiality will be maintained on a limited basis. Information disclosed during counseling sessions will not be shared with others unless your child discusses matters that concern the safety of him or herself or other individuals. Some information may be addressed with the student’s teachers on a limited basis. This may include information relevant to the student’s counseling goals, issues that may affect the student at school, and suggestions for how the teacher can help the student be more successful.
4. The school counselor/school psychologist also reserves the right to inform parents of additional information if it is in the best interest of the student. The student will always be informed whenever confidential information will be shared with parents.

By signing this form, the parent or guardian acknowledges that the purpose and need for counseling services have been discussed and that parents or guardians have the right to discontinue services at any time. If counseling services are still necessary after 5-10 sessions, the provider will assist the parent with finding additional services.

Please feel free to call with any questions or concerns: 775-353-5770

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School Counselor/School Psychologist School

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Parent/Guardian Date