

**2019-2020 SOUTHWEST SCHOOL CORPORATION  
COUNSELING INFORMED CONSENT**

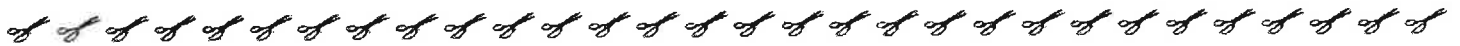
Southwest School Corporation will offer short-term individual counseling to students. These services will be provided by Christina Hall, a Licensed Mental Health Counselor. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

It is the policy of the Southwest School Corporation to obtain parent/guardian written permission for counseling services. By signing this consent form the parent/guardian gives permission for their child to participate in counseling services (including individual/group/classroom guidance).

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, Mrs. Hall will keep information confidential, with some possible exceptions (information may be shared with parents/guardians, the child's teacher/administrators/school personnel who work with the child on a need to know basis), so that we may better assist the child as a team. Mrs. Hall will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. By signing this consent form, I understand that Mrs. Hall will contact the parent/guardian if she feels information needs to be shared with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician.

You may contact Mrs. Hall whenever you have a question, input or concern, or would like an update on your child's progress in counseling.



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 in the Southwest School Corporation for the 2019-2020 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 \_\_\_\_\_

Phone: Daytime phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell phone \_\_\_\_\_