



## Student Services

440 East 100 South  
Salt Lake City, UT 84111  
Phone: 801-578-8206  
Fax: 801 – 578 - 2084

### Parent/Guardian Permission for School Counseling or Social Work Services

Date \_\_\_\_\_  
Student \_\_\_\_\_

School \_\_\_\_\_  
Grade \_\_\_\_\_

Dear parent/guardian \_\_\_\_\_;

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 have follow-up conversations with students individually or in groups on any of these issues. At this time, I would like to provide your student with school counseling services. The Utah Student Privacy and Data Protection Act (Utah Code §53E–9–202, 203) and Protection of Pupil Rights Amendment 20 U.S.C.1232g. (see "Annual Notice" in your school registration packet) requires school district personnel to have your written consent prior to initiating any counseling sessions with your student.

Please know that information gathered during any counseling session is confidential with certain exceptions. Any information concerning life-threatening situations will be immediately shared with the parent/guardian and appropriate school personnel. Information gathered from a counseling session may be shared with the administrator or other school personnel only on a need-to-know basis. Information regarding a student's drug or alcohol use will be reported to the parent/guardian. State law also requires that information suggestive of child abuse must be reported to the appropriate governmental agency.

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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

If you should need further information, or have questions or concerns, please call me:

\_\_\_\_\_  
School Counselor or School Social Worker

\_\_\_\_\_  
Telephone Number

\*Utah law requires a 2-week waiting period prior to counseling services being provided unless parent/guardian agrees otherwise.

This document is an addendum to the Parent/Guardian Permission for School Counseling or Social Work Services and does not replace it. During the COVID-19 school dismissal counseling and social work service are being offered via phone, text, or live video conferencing through a parent device, student devices or a district issued device. This form of counseling or social work service is only an option while Salt Lake City School District schools are closed in response to COVID-19. This option will no longer be available when school re-opens.

**I understand the following potential risks, consequences, and limitations of digital counseling or social work services for my student:**

- Digital counseling or social work services should not be viewed as a substitute for face-to-face counseling. It is an alternative form of counseling with certain limitations.
- Digital counseling or social work services is relatively new, and therefore lacks research indicating that it is an effective means of receiving support.
- Participants lack visual and/or audio cues, which may increase the likelihood of misunderstanding each other.
- Digital support may have disruptions or delays in the service and quality of the technology used.
- In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.

**Parents and the student understand the following backup plan to use in case of technology failure:**

- The most reliable backup is a phone. Therefore, it is necessary that your student always have a phone available and that your counselor or social worker knows the student's and parent's best contact phone number.
- If a meeting is disconnected, the student should end and restart the meeting. If the student is unable to reconnect within five minutes, the counselor or social worker will call the phone number provided.

### **Emergency Contact**

If your student is experiencing an emergency, including a mental health crisis, please call 911, UNI Crisis Services 801-587-3000, or the Suicide Prevention Hotline 1-800-273-8255; use the SAFEUT app; or go to your nearest emergency room.

So that the counselor or social worker is able to get your student help in the event of an emergency, it is important and necessary that parents/guardians agree to the following conditions. By signing this agreement form parents/guardians are acknowledging that they understand and agree to the following:

- You must inform your counselor or social worker if your student will not be at the family home address listed in PowerSchool at the beginning of each session.
- You must identify on your informed consent form (below) the parent/guardian who can be contacted in the event the counselor or social worker believes your student's safety is at risk.

**When receiving support, it is also required that your student:**

- Only engages in sessions when physically in Utah. Your student's counselor or social worker will confirm your student's location at the beginning of each session.
- Engages in sessions only from a private location where they will not be overheard or interrupted.
- Uses a parent/guardian or student's device, or one issued by Salt Lake City School District; make sure the device is not publicly accessible.

- Connects on a private internet connection or are only using a public connection in conjunction with a VPN service
- Ensures that the computer or device used has updated operating and anti-virus software.
- Do not record any sessions, nor will your counselor or social worker record the sessions.

**ACKNOWLEDGEMENTS**

- Parent(s)/guardian(s) acknowledge/understand the attendant risks involved with digital supportive services and voluntarily assume them in the hopes my student is obtaining the desired beneficial results.
- Parent(s)/guardian(s) acknowledge/understand that all claims for negligence and other claims against the Salt Lake City School District and its employees and agents will be governed by the provisions of the Utah Governmental Immunity Act, a special law restricting how and when a claim must be presented and limitations on the amount recovered.
- I have read and understand the information provided above. I have discussed it with my student’s counselor or social worker, and all my questions have been answered to my satisfaction.

Signature of Parent/Guardian:
Signature of Parent/Guardian:
Date:
Emergency Contact (Name and Number):
Emergency Contact (Name and Number):
Emergency Contact (Name and Number):