

Alta Behavioral Healthcare

"Helping Kids - Healing Families"

711 Belmont Avenue, Youngstown, Ohio 44502 * phone 330.793.2487 * fax 330.743.5748

SCHOOL-BASED CONSULTATION SERVICES PARENT/GUARDIAN PERMISSION FORM

1. **What is Alta Behavioral Healthcare's school-based behavioral consultation service?**
 - a. Master's level Behavioral Consultants and Bachelor's level Behavior Interventionists provide services for students who are experiencing school problems, friend problems, personal problems, or other issues that can interfere with their learning. The overall goal of the service is to improve the students' methods of dealing with their problems and/or learning alternative coping skills, so that they can achieve academic success.
 - b. Students may be observed, consulted about with the teacher, seen individually for skill building (i.e. coping skills, social skills), or seen in a group format.
 - c. Formal counseling **will not** be provided unless the parent/guardian has specifically requested and/or consented for a separate diagnostic assessment and counseling services (separate form and process; can be requested through Alta Behavioral Healthcare or Behavioral Consultant assigned to school).
2. **When and where will Alta Behavioral Healthcare's school-based services take place?**
 - a. Services will be provided at the school, during the day.
3. **Who will receive Alta Behavioral Healthcare's school-based services?**
 - a. Only students who are identified by school staff (teacher, principal, guidance counselor, intervention team meeting) the Alta staff, or yourself as having problems that may be helped by the service.
4. **Will giving my permission result in any charges or costs to me?**
 - a. No, the school based behavioral consultation services are primarily paid for through the Schools and no out of pocket expenses to you will occur. Yes, if your child is recommended to begin formal counseling as noted in 1c. The Alta consultant will discuss this with you.
5. **How will I know if these services are needed or will begin?**
 - a. Your child's teacher, school counselor, or the Alta staff person will contact you before beginning. You can also make a request.
6. **Will my child's privacy and confidentiality be maintained?**
 - a. Yes, except if your child raises concern about their safety to self or others.

If you are interested in having school-based behavioral consultation services provided to your child by Alta Behavioral Healthcare staff, please sign this permission form in Section 1 below.

If you do not give permission for school-based behavioral consultation services to be provided to your child by Alta Behavioral Healthcare, please sign the "Refusal" in Section 2 below.

Section 1.

_____ Yes, I grant my permission for my child to participate in Alta Behavioral Healthcare's school based behavioral consultation service if such services are determined to be needed for my child. I understand that these services may include observation, consultation with teacher, individual, and/or group services.

Student's Name

Date of Birth

Name of School

Signature of Parent/Legal Guardian

Date

Phone #

Student's Signature

Date

Section 2. (Refusal)

_____ No, I do not give permission for my child to have school based behavioral consultation services provided by Alta Behavioral Healthcare staff.

Child's Name

Date of Birth

Name of School

Signature of Parent/Legal Guardian

Date