



OPT-IN FOR ONGOING THERAPUTIC COUNSELING/MENTAL HEALTH SERVICES

I hereby give my permission for my child to participate in the following ongoing therapeutic counseling/mental health services provided by a school counselor, therapist, or school-based mental health practitioner:

Check the box below for each therapeutic/counseling/mental health service you want to be available to your child.

- Ongoing School-Based Mental Health Counseling or Therapy**
- Ongoing Large-Group/Small-Group Therapeutic Counseling or Mentoring Activities**
- Formal Assessments/Surveys** (related to social behaviors, feelings, etc.)
- Crisis Intervention** (Please note that permission is not required when immediate intervention is needed to safeguard the health and safety of the student or others.)

You may rescind permission for a student to participate in ongoing therapeutic counseling/mental health services at any time by providing written notice to the school counselor.

Student's Full Name (Printed)

Date: _____

Parent/Guardian Name (Printed)

Date: _____

Parent/Guardian Name (Signature)

Date: _____