



\_\_\_\_\_ I consent for my child to receive Behavioral Skill Building Counseling (Elementary Students Only)

**R.E.A.C.H.**  
**School-based services details**

**Duplication of Services Agreement**

School-based clinical counseling and behavioral counseling services are a professional service. Please notify your child's counselor of any/all mental health or behavioral health services in place. If your child receives services from multiple providers we need signed releases to work as a team! If similar services are in place, we will discuss which service best meets your child's needs.

**Cancellation/no-show policy**

It is a policy of R.E.A.C.H. to provide consistent counseling services for your child to receive the highest standard of care. Every attempt will be made to create a schedule that fits your child's needs. A 24 hour notice is required to cancel an appointment and can be done through a phone call or email. After 3 cancellations without 24 hour notice or 3 missed appointments the clinician will discharge your child from services. We will review this policy for each instance of missed appointments to remind you and your child of the importance of keeping scheduled appointments.

Client Name	Date
Parent/Guardian Signature	Date
Witness	Date

For office use only		
Date services began	Type of service began	Date & type of parent notification
Change in service date	Type of service began	Date & type of parent notification

