

Dear Parent/Guardian:

Due to the recently passed bill by the Alabama legislature regarding mental health services in schools, we are sending home this document that needs your attention. We need your written consent in order to continue with the AMAZING counseling services your child has received in the past as a Hoover City Schools student.

If you would like these services to continue for your student, remember to complete the Opt-In for Mental Health Services form that follows. These are the same counseling services your child has received in the past. For example, they received large group guidance with their peers, high school peer helper assignments, and many other great school counseling options. Be sure to check each box next to each service provided. We want to continue to support all students and their needs. Our goal is to support your student's academic, social and emotional success.

If you have any questions, please feel free to contact your school counselor.

Regards,
HCS Counselors

Hoover City Schools

Annual Notification Regarding School Provided or Sponsored Mental Health Services

Mental Health/School Counseling Services

Hoover City Schools provides or sponsors mental health services ranging from awareness and prevention to intervention and support.

1. **Large-group guidance** - includes a school counselor or professional visiting the classroom to discuss standards-based topics such as bullying, class scheduling, stress management, test anxiety, or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small-group guidance** - includes small groups of students with a school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, positive decision making, etc.
3. **Mentoring** - Peer Helpers and mentors work with students in school on topics such as friendships, healthy relationships, anger management, study skills, and anxiety.
4. **Assessments or Surveys** - includes counselor-developed needs assessments and questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by a school counselor, district social worker, or other professional including, but not limited to, IMPACT Family Counseling, Bradford Health Services, etc., for a specific situation.
6. **School-Based Mental Health** - ongoing counseling services through IMPACT Family Counseling or other practitioners contracted by Hoover City Schools in the school setting. Parent or legal guardian permission will be obtained prior to services.

Review of Materials

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal or school counselor.

Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. **If you would like Hoover City Schools to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. Hoover City Schools employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

Parent/guardian of students with disabilities: Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan. Consent for those services will be obtained, and information regarding your child's mental health services will be provided through the special education process.

OPT-IN FOR SCHOOL COUNSELING/ MENTAL HEALTH SERVICES

As of the date of my signature below, my child, _____, is under the age of 14 years old:

_____ Yes

_____ No

If No, stop here.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health services:

[Check the box for each mental health service you want to be available to your child]

_____ **Large group guidance** - includes a school counselor or professional visiting the classroom to discuss standards-based topics such as bullying, class scheduling, stress management, test anxiety, or guest speakers to discuss good choices, substance abuse prevention, etc.

_____ **Small group guidance** - includes small groups of students with a school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, positive decision making, etc.

_____ **Mentoring** - Peer Helpers and mentors work with students in school on topics such as friendships, healthy relationships, anger management, study skills, and anxiety.

_____ **Assessments/Surveys** - includes counselor-developed needs assessments and questionnaires provided to students related to social behaviors, feelings, etc.

_____ **Crisis intervention** - short-term, immediate assistance by school counselor, district social worker, or other professional including, but not limited to, IMPACT Family Counseling, Bradford Health Services, etc., for a specific situation.

_____ **School-Based Mental Health** - ongoing counseling services through IMPACT Family Counseling or other practitioners contracted by Hoover City Schools in the school setting. Parent or legal guardian permission will be obtained prior to services.

You may rescind permission for a student to participate in mental health services at any time by visiting the school counselor's office and completing the Mental Health Opt-Out Form.

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)

Date