



**CONSENT FOR COUNSELING SERVICES  
WITH A SCHOOL SOCIAL WORKER**  
Tuloso-Midway Independent School District

Student \_\_\_\_\_

Date \_\_\_\_\_

Teacher (if applicable) \_\_\_\_\_

*With the written consent of a parent, Tuloso-Midway ISD (TMISD) offers short-term counseling, by a District social worker or Master's Level Social Work (MSW) intern, to students for reasons such as: concerns about self-esteem; coping skills; stress management skills; anger management; divorce/separation/loss; and social skills. Students may be referred to the school social worker by parents, teachers, staff, the principal, or self.*

You may voluntarily consent to your child receiving counseling services with a TMISD social worker or MSW intern. The District will seek consent one-time per year, after a referral for counseling has been made. **You may revoke your consent at any time, by your submission of a written statement to the School Social Worker that you revoke consent for these services.**

[Printed Parent/Guardian Name] \_\_\_\_\_ consents to, [Printed Student Name] \_\_\_\_\_ receiving counseling from a TMISD social worker or MSW Intern.

- I understand that school counseling services are short-term services aimed at the more effective education and socialization of my child within the school community.
- I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder.
- I acknowledge that I have been informed that I may request an evaluation of my child for special education and related services by contacting Yolanda Alvaro, Director of Special Education at [yalvaro@tmisd.us](mailto:yalvaro@tmisd.us) or 361-903-6740.
- I understand that information shared with the school social worker will be a confidential school record. The school social worker or MSW Intern may share information with the child's teacher, and/or administrators or school personnel who work with the child only if they have a legitimate educational interest in the information. I understand that parents have a right receive these school records.
- I understand the school social worker or MSW intern is also required by law to share information with other agencies if there is a suspicion that the student or others may be subject to harm.

With this information, I give consent for my child to receive school counseling until the conclusion of the 2023-2024 school year by a school social worker or MSW Intern.

Parent/Guardian (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Received by \_\_\_\_\_

Date \_\_\_\_\_