

# 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?**

- Clinical and Behavioral Consultants 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.
- Students may be observed, consulted with the teacher, seen individually for skill building (i.e., coping skills, social skills), or seen in a group format. This will typically be limited to **2-3 visits**. If more visits are necessary, we may recommend formal counseling services.
- Formal counseling can be obtained by specifically requesting and consenting to a separate diagnostic assessment. Formal services may be recommended for students who have ongoing needs and may need other services offered by Alta Behavioral Healthcare such as case management, psychiatric, peer support and family counseling.

**2. When and where will Alta Behavioral Healthcare's school-based services take place?**

- Services will be provided at the school, during the day.

**3. Who will receive Alta Behavioral Healthcare's school-based services?**

- Only students who are identified by school staff (teacher, principal, guidance counselor, intervention team meeting) the Alta staff, or you, the parent/guardian, will receive services once permission is given on the form below.

**4. Will giving my permission result in any charges or costs to me?**

- 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 and you proceed to engage in the diagnostic assessment process 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?**

- 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?**

- Yes, except if your child raises concern about his or her safety to self or others.

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**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

\_\_\_\_\_  
Printed Name of Guardian

**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