

**WMU COUNSELING CENTER
WASHINGTON WRITERS' ACADEMY
2024-2025 STUDENT COUNSELING CONSENT FORM**

The Program

Through a partnership between Washington Writers' Academy (WWA) and Western Michigan University (WMU), WMU's Counseling Center (WMUCC) will make counseling services available to all WWA students and their immediate families. The WMUCC is staffed by advanced graduate students enrolled at WMU. The WMU Graduate Students will be supervised by: (1) the WWA/WMUCC on-site supervisor, Jasmine Alvarado, who is a Limited License Counselor and a student in WMU's counseling doctoral program, and (2) Dr. Jennifer Foster, who is a Licensed Professional Counselor and WMU faculty member. Through this program, WMUCC will offer brief, supportive services, including individual, family, and group counseling to WWA students and their family members on a no-charge basis. These services will be provided at WWA during school hours. If you would like your student to participate in counseling, please complete this consent form and return it to the school office by _____ [date].

Consent by Student's Parent/Guardian

By signing this consent form as the parent or legal guardian of _____ [Student's full name] (the Student), I, _____ [parent/guardian name], give permission for my Student to receive counseling services provided by WMUCC. I understand that WMUCC counselors will establish a relationship with and provide support to my Student. I hereby grant WWA permission, consistent with the Family Educational Rights and Privacy Act ("FERPA") to disclose my Student's educational records to WMUCC counselors and authorize the counselors to review those records. I authorize WMUCC to share with WWA the date(s) / time(s) my Student is scheduled for WMUCC services and other pertinent information, as needed. I understand WMUCC counselors are "mandated reporters," as defined by Michigan Child Protection Law, that they are required to report any indication or suspicion of abuse, neglect, and homicidal or suicidal thoughts or intentions. I give permission for WMUCC to make a video recording of individual and/or group counseling session(s) that include my Student or me, and use them for educational or treatment purposes, PROVIDED THAT such recording(s) will only be used by WMUCC for the purpose of training student counselors and the recordings will be deleted after completion of such purpose. WMUCC's counselors will use HIPPA compliant technologies to capture and transmit recordings and documents re: sessions and take other steps necessary to safeguard my Student's Protected Health Information (PHI). I am aware my Student's participation in this program involves both risks and benefits – potential risks (e.g., the counselors are still in-training and do not hold full licensure at the time of services); potential benefits (e.g., positive student outcomes). My consent shall be valid for one calendar year from the date of my signature, below.

I give permission for my Student to participate in (**initial all that apply**):

Individual Counseling (1:1 counseling for 30 minutes once a week) _____

Group Counseling (Counseling in a small group with peers during lunch/recess once a week) _____

Family Counseling (Counselor will collaborate to schedule a session during the school day) _____

If I have any questions, including questions about informed consent, I understand that I can contact WMUCC at (269) 337-0770 ext. 71286. I understand that I may withdraw this consent at any time by contacting WMUCC.

Student name: _____ Student's Grade & Teacher: _____

I hereby consent and give permission to the above on behalf of my Student, a minor child.

Parent/Guardian Name: _____ Relation to Student: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____