

Claiborne Parish School Board

School Counseling Informed Consent Form

Introduction of services

The Claiborne Parish School District is committed to providing quality education to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students for counseling or social skills training. The aim of licensed counseling services is to help students have more effective education and socialization within the school community. Possible counseling topics are coping with changes, self-esteem, friendship and relationship issues, study skills, stress management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc. These services are available at no cost to the family and are paid through a state funded grant. However, these services are not intended to replace medication, psychological counseling or diagnosis, which are not the responsibility of the school.

Confidentiality

Because counseling is based on a trusting relationship between counselor and student, the school counselors will keep information confidential with some possible exceptions. We understand that the school counselors may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the student as a team.

Under the following circumstances, the counselors are required by law to share information with others:

1. Presenting information about hurting himself/herself or another person
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
3. Threats to school security
4. If counseling records are court ordered

I, _____, am the legal parent/guardian of _____. I have read, understand, and agree to the terms of the School Counseling Informed Consent.

I give permission for my child, _____, to receive counseling services while attending a Claiborne Parish School. I understand that I may withdraw this consent at any time by signing and dating a written notice requesting termination of counseling services.

Parent/Guardian Signature

Date

Below you can find the link for a detailed description of the declaration of services and disclosure statements of providers regarding their services:

LINK