Guidance and Counseling Consent Form

Dear Parent/Guardian,

The Beaumont ISD Guidance and Curriculum Department provides a Comprehensive School Counseling Program to support the academic, career, personal, social, and emotional development of all students. These services are aligned with the Texas Model for Comprehensive School Counseling and the Texas Education Agency (TEA).

Services Include:

- **Guidance Counseling**
- **Individual Counseling**
- **Small Group Counseling**
- **Academic Advising**
- **College and Career Readiness Counseling**
- **Crisis Response and Intervention**
- **Social-Emotional Support and Assessment**
- **Counseling Activities (Kindness Initiatives and Mentoring)**

Confidentiality:
Confidentiality is a key component of the counseling relationship. Information shared during a counseling session remains confidential except in the following circumstances: ***The student presents a danger to self or others, there is reasonable suspicion of child abuse or neglect, a court-ordered subpoena is issued, or the student has given written consent to release information.***

Contact Information:
If you have any questions or concerns regarding your child's participation in counseling services, please contact your campus counselor.

This consent form is for the school year 2025-2026.
By signing below, I acknowledge that I have read and understand the information provided above regarding the counseling services offered through Beaumont ISD.

Student Name: _____ **Student ID:** _____ **Grade:** _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____ **Date:** _____

Please check one of the boxes below to indicate if you give permission for your child to receive counseling services from the Beaumont ISD Guidance and Counseling Department. Return this form to your campus.

☐ I GIVE consent for my student to participate in the Guidance and Counseling services listed above.

☐ I DO NOT GIVE consent for my student to participate in the Guidance and Counseling services listed above.