R.E.A.C.H.
Reaching Educational Achievements with Clinical Mental Health
Located at Ferndale Area Elementary School
100 Dartmouth Ave.
Johnstown, PA 15905

School-Based Services Details

Intake Process

Parents/Guardians will be contacted to provide Intake information to the Counselor (History, current needs, strengths). Please express any concerns and information at this time. An Intake can be conducted in several ways: in person, virtually, or via phone. At this time, your child's Counselor will share what to expect during School-based counseling, obtain additional consent forms if needed, and create an individualized plan for treatment.

Diagnosis Disclaimer

R.E.A.C.H.'s Master Level Counselors will assign a diagnosis after completing assessments with diagnostic tools. This diagnosis is a collection of presenting symptoms and is only used to help identify the need and appropriate interventions for counseling. Please see the disclaimer below:
"This diagnosis indicates that the individual meets symptom criteria for this diagnosis, at the time of assessment, based on the DSM-V. This diagnosis is for therapeutic purposes only and does not replace any medical interventions or treatments. The purpose of this diagnosis is to guide treatment planning. Please note that this diagnosis is not a part of the child's health record, school record, or what would be required for any educational accommodations. Under no circumstances shall R.E.A.C.H., Inc. be liable for any loss or damage arising from the use of or reliance on information relating to the diagnosis."

Students and Guardian must take an active role and responsibility to attend and engage in school based sessions. The counselor will review appointment times, provide contact information for students/parent/guardian to communicate through. As with outpatient services, students need to take responsibility to attend scheduled appointments and arrive at the counselor office at those times.

Coordination with other providers

School-based clinical counseling and behavioral counseling services are a professional service. Please notify your child's counselor of any/all mental health or behavioral health services in place. If your child receives services from multiple providers we need signed releases to work as a team! If similar services are in place, we will discuss which service best meets your child's needs.

Custody Agreements and Acknowledgement of R.E.A.C.H. policy

It is our position at R.E.A.C.H. that we prioritize the relationship between the client and the clinician and strive to maintain healthy working relationships with family and support members. This is especially true when considering the involvement of clinicians in legal matters. Parent/Guardian, agree and specifically recognize that you will not involve or subpoena testimony from any R.E.A.C.H. staff that involve custody issues. If we are required to become involved in any legal matters, we will provide you with the anticipated professional cost prior to fulfilling the request. If the focus of therapy services is on custody issues we will be happy to refer to another agency that specializes in custody related issues and court testimony. It may be necessary for R.E.A.C.H. to request a copy of custody arrangements, please provide these if you have a legal custody order. Both parents/guardians will be required to sign informed consent forms and will be provided equal opportunity to update the Counselor about information.

Holidays, Breaks and Summer Services:

It is a policy of R.E.A.C.H. to provide consistent counseling services for your child to receive the highest standard of care. Our Counselors will provide opportunities for counseling sessions and check-in's during School breaks throughout the school year and Summer months. During these periods of time, we ask for 24 hour notice for cancellation of a scheduled appointment via email or work text. During the summer months, we will discharge the client after 3 cancellations or 3 missed appointments. We will review this policy for each instance of missed appointments to remind you and your child of the importance of keeping scheduled appointments. Your child is always encouraged to reach back out when school resumes if discharged during the summer months.

_____	_____
Student Name/Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Witness *(if applicable)*	Date