CCPS Collier County Public Schools

Consent for School-Based Mental Health Counseling

Student:_____ **Date of Birth:**_____

School:_____ **Student I.D.:**_____

The purpose of this form is to provide you with important information about the counseling relationship and your child's rights and responsibilities in connection with such a relationship. Please read this form carefully. Feel free to contact the School Counselor, School Psychologist, or School Licensed Mental Health Professional with any questions you may have regarding this form. This is a consent form for your child to participate in school-based counseling.

The aim of school-based counseling services is to help students become more effectively engaged in their education and socialization within the school community by supporting academic, college/career, and life skill development. Possible counseling topics include, but are not limited to: academic progress, study skills, stress management, adjustment to school or culture, coping with change, friendship and relationship issues, self-esteem, social skills, fears or worries, grief, and conflict resolution.

While benefits from this service are expected, by signing this form, I understand and agree that no particular outcome can be guaranteed. I also understand and agree that these services are not intended as a substitute for long-term psychotherapeutic counseling or diagnosis, which are not the responsibility of the school.

The school-based mental health support services provided by the School Counselor, School Psychologist, and/or School Licensed Mental Health Professional may include any of the following:

- Individual Counseling: one-on-one sessions to address specific concerns and develop coping strategies.
- Small Group Counseling: participation in group sessions with peers facing similar challenges to foster peer support and skill development.
- Crisis Intervention: immediate support in case of mental health crises, including risk assessment and appropriate interventions.
- Collaboration with School Staff: communication of general, non-confidential information with teachers and school personnel to ensure a supportive academic environment.

Confidentiality is a key feature of the counseling experience. The information discussed during counseling sessions will not be shared with anyone, except in situations required by law. The School Counselor, School Psychologist, or School Licensed Mental Health Professional will make you and the student aware of these limits to confidentiality and when appropriate, will inform the student when sharing information with others. Situations that warrant disclosure of confidential information include any of the following:

- If there is a threat of harm to the student or others.
- If there is suspicion of child abuse or neglect.
- If there appears to be an imminent probability of physical harm to the student or someone else.
- As required by law.

Parent options:

☐ I give my consent for school-based mental health counseling.

☐ I decline to give my consent for school-based mental health counseling and have received information regarding community mental health services.

_____ _____

Signature (Parent/Guardian) Date