TISD 2025-2026 SB 12 Parent/Guardian Consent

In Tarkington ISD, we are committed to supporting your child's academic success and overall well-being. As part of our comprehensive school counseling and support services program, students may have access to a certified school counselor and/or school-based support staff. These services align with the Texas Education Code (TEC §33.005), the Texas Model for Comprehensive School Counseling Programs, Texas Education Code §26.009(a-2), and SB 12 (2025), which now requires parent or guardian permission for students to receive the same counseling and social services support we've always provided.

TISD Supports Include:

- Setting academic goals and creating academic plans
- Developing social and emotional skills
- Checking in about emotions, challenges, or concerns
- Learning coping strategies and managing stress
- Addressing school-related issues (e.g., attendance, test anxiety, behavior, peer
- Conflict, anxiety)
- Building friendship and conflict-resolution skills
- Participating in short-term individual or group sessions on school-related topics
- Climate, Career, Mental Health & Safety Surveys

**Parents/guardians will be notified and asked for additional consent if group counseling is recommended.

Please Note

These school-based supports are not therapy and do not include psychological diagnosis, evaluation, or treatment. If such services are needed, information about appropriate community resources will be made available.

Working in Partnership With You

Our goal is to partner with you in your child's development. We will reach out to you if there are significant concerns or recommendations for additional support. You may withdraw your consent at any time by notifying us in writing. If an urgent issue arises during the school day, a staff member (teacher, counselor, nurse, or administrator) may check in with your child to ensure safety and support, and we will follow up with you as soon as possible.

If you have questions or would like to meet with your child's counselor, please don't hesitate to reach out. Thank you for allowing us to partner with you to support your child's academic and emotional success.

TARKINGTON
INDEPENDENT SCHOOL
DISTRICT

Notice of and Consent for School Health-Related Services

In accordance with law, the district must provide parents with written notice of each school-based health-related service offered at the campus their child attends. These routine services promote student safety, wellness, and readiness to learn. The services must be provided by qualified school staff, including nurses and athletic trainers. This consent does not take the place of an individualized health plan, 504 plan or other legally required document.

This form must be signed and on file with your campus nurse. Consent given through this form is effective during the current school year unless revoked earlier. A parent has the right to withhold consent for or decline any health-related service. Withdrawal of consent must be in writing and given to Tiffany Michalik, Tarkington ISD District Nurse.

Routine Health-Related Services Provided at Your Child's Campus:

- Nursing assessment and evaluation of student health concerns
- First aid, emergency care, and medical response for minor injuries and illnesses. Emergency treatment until EMS arrival.
- Administration of over-the-counter and prescription medications in accordance with law and district policy (Medication authorization form required.)
- Monitoring of chronic health conditions (e.g., asthma, diabetes, seizures, allergies)
- Vision, hearing and scoliosis screenings
- Under the influence assessment
- Lice screening
- Acanthosis screening
- Support during illness or physical symptoms at school
- Coordination of health services
- Heat illness prevention and injury support for student athletes

Any additional health-related services that the campus may believe are necessary and appropriate will necessitate separate written consent and parental involvement, unless during an emergency or as allowed by law.

Forms, screeners and other documents that are routinely used in the process of providing health-related services to your child can be found on the district website.

Thank you for your partnership!

Tarkington ISD Counseling and Health Services

TARKINGTON
INDEPENDENT SCHOOL
DISTRICT

TISD 2025-2026 SB 12 Parent/Guardian Consent

Student First Name _____ Student Last Name _____

Student Grade _____ Date: _____

Parent Name _____

Parent Signature_____

Consent Acknowledgment

I have read and understand the information provided regarding Tarkington ISD's school counseling and support services. I acknowledge that these services are intended to support my child's academic, social, and emotional development and do not constitute therapy, psychological diagnosis, or medical treatment. I understand that additional parent/guardian permission will be requested if group counseling is recommended.

☐ I give my permission

☐ I do not give my permission

I have read and understand the information provided regarding Tarkington ISD's school-based health-related services. I understand that these services are intended to support my child's well-being and academic success. I retain the right to revoke my consent at any time by notifying the school in writing.

☐ I give my permission

☐ I do not give my permission