

# SB12 Parental Consent for School Counseling Services

## Senate Bill 12 Permission for School Counseling Services

Dear Parent/Guardian,

This document provides important information about the counseling services offered at **Lumberton ISD** and requests your informed consent for your child to participate. Please read this document carefully and feel free to ask any questions you may have.

### I. Purpose of School Counseling Services

The school counseling program at my child's school in Lumberton ISD is an integral part of the school's educational mission. Our certified school counselors are trained professionals who provide support to students in three main areas:

- **Academic Development:** Helping students develop skills for academic success, explore post-secondary options, and plan for their future.
- **Career Development:** Guiding students in career exploration, understanding interests and aptitudes, and developing career goals.
- **Social/Emotional Development:** Assisting students in developing self-awareness, managing emotions, building healthy relationships, resolving conflicts, and coping with personal challenges.

Counseling services are typically short-term, solution-focused, and preventative in nature. They may be delivered through individual counseling, small group counseling, classroom guidance lessons, and consultation with parents/guardians, teachers, and administrators.

### II. Nature of Counseling Services

- **Voluntary Participation:** Student participation in counseling is voluntary.
- **Confidentiality:** Confidentiality is a cornerstone of effective counseling. Information shared by your child in counseling sessions will be kept confidential by the school counselor, with the following exceptions:
  - **Imminent Harm:** If the counselor believes your child is an immediate danger to themselves or others.
  - **Abuse/Neglect:** If the counselor suspects child abuse or neglect, they are mandated by law to report this to Child Protective Services (CPS).
  - **Court Order:** If required by a court order.
  - **Permission to Share:** With your written permission or your child's written permission (if they are legally able to provide consent according to their age).
  - **Consultation:** In consultation with other school professionals (e.g., administrators, teachers) on a need-to-know basis to ensure your child's safety, well-being, or academic success, always with the aim of maintaining as much privacy as possible.

### III. Counselor Communication

We believe that a collaborative approach between the school, student, and family is crucial for student success.

- **Updates:** The school counselor will communicate with you as appropriate regarding your child's general progress and any significant concerns, while respecting the boundaries of confidentiality.
- **Referrals:** If your child's needs extend beyond the scope of school counseling services (e.g., require long-term therapy, psychiatric evaluation, or specialized interventions), the school counselor will assist you with referrals to appropriate resources.

### IV. Counselor Qualifications

Our school counselors are certified by the Texas Education Agency and hold master's or doctoral degrees in school counseling or a related field. They adhere to the ethical guidelines set forth by the American School Counselor Association (ASCA) and the Texas State Board of Examiners of Professional Counselors.

### V. Emergency Procedures

In the event of a crisis or emergency situation (e.g., thoughts of self-harm or harm to others), the school counselor will follow established school and district crisis protocols, which may include notifying parents/guardians, school administration, and, if necessary, emergency services.

### VI. Consent for Participation

By signing below, I acknowledge that I have read and understood the information provided in this Informed Consent document. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I may withdraw my child from any specified activity outlined in SB 12, TEC Chapter 1, Section 1, §1.007 and §1.009.

**Student Name**

**Student ID#**

**Student Grade Level**

**Student Class**

**I give consent for my child to participate in the school counseling program at Lumberton ISD. \***

☐ YES

☐ NO

**I understand that this consent is valid for the current school year, and I have the right to revoke this consent at any time by providing written notification to the school.**

\*

yyyy-mm-dd

**Parent/ Guardian Name**

**Parent/ Guardian Email**

**Parent/ Guardian Phone**

*Information entered on this form will be visible to the post collaborators and ParentSquare admins*

**Signature**

**Date**