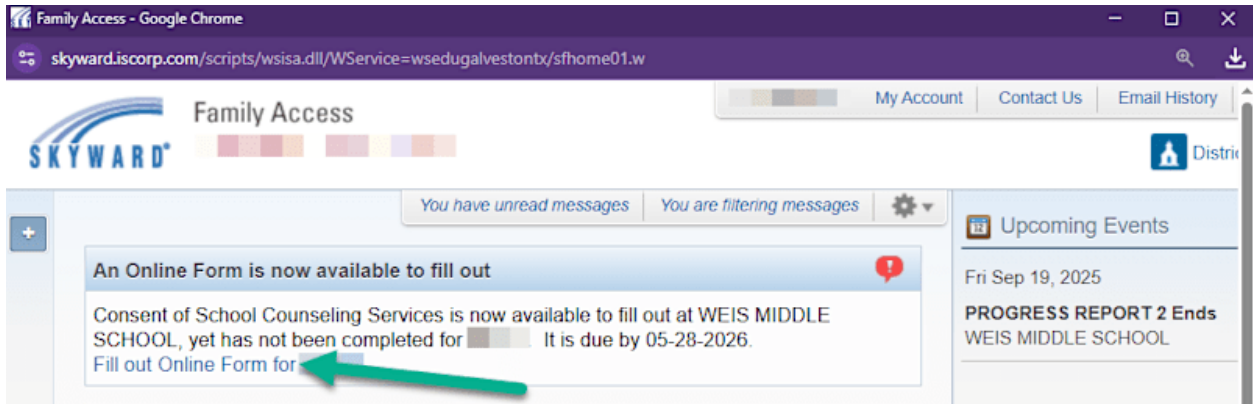
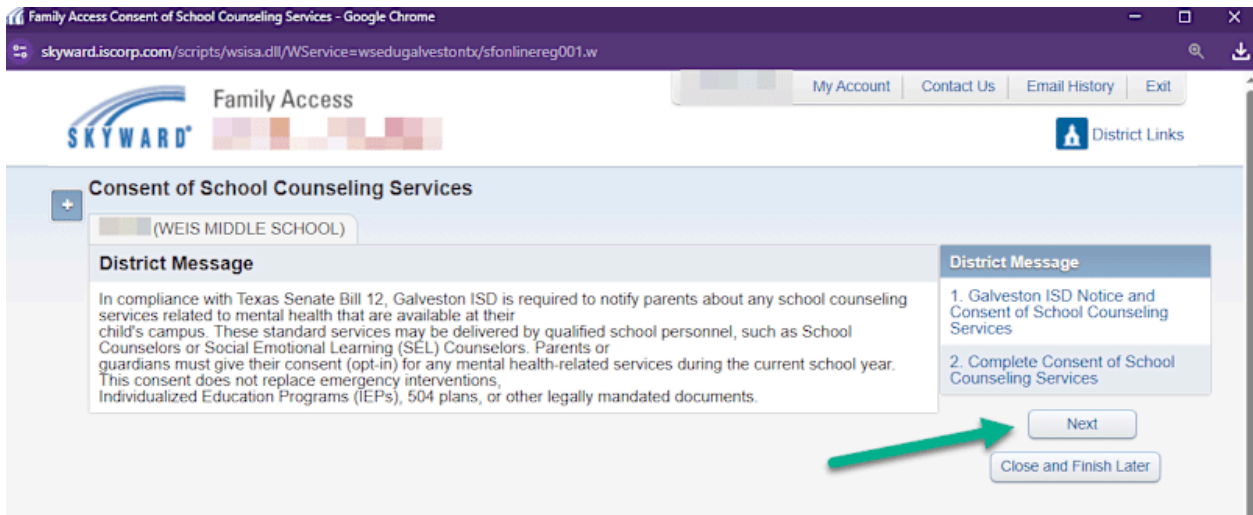


Step-by-Step Guide for Parents: Completing Consent of School Counseling Services

Step 1: Log In to Family Access



Step 2: Locate the Consent of School Counseling Services Form



Step 3: Review the Notice and Consent Information

* I to my child receiving school counseling services as outlined in School Counseling Services listed in this document during the 2025-2026 school year.

I acknowledge that I am legally authorized to provide consent for this student and that my digital signature has the same legal effect as my handwritten signature. I understand that I may revoke my consent at anytime in writing to my child's school.

Step 4: Complete Step 1 - Parent Consent Form

Family Access Consent of School Counseling Services - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wseidugalvestontb/sfonlinereg001.w

Suicide Risk Screener (Well-being Questionnaire):
Galveston ISD uses the Columbia-Suicide Severity Rating Scale (C-SSRS Elementary/C-SSRS Secondary) as a self-harm. This well-being questionnaire assists school staff and parents in identifying and addressing a student's safety. Screenings are only conducted when a specific concern or warning sign is reported. Parents'/guardians' results of the screening are kept confidential and shared with the parent/guardian once completed.

Revoking or Denying Consent to School Counseling Services:
I understand that by declining mental health-related counseling services, I am fully responsible for addressing my child's needs. This includes being available to provide support or arrange for pickup during school hours if necessary. We will only intervene in situations involving a mental health emergency. (Mental Health Emergency or Crisis is defined as a clear and immediate threat of harm to self or others)

Parent Consent for School Related Counseling Services
Galveston ISD counselors are committed to supporting the academic and personal growth of your child. We provide guidance.

*Parent/Guardian Full Name:
*Relationship to Student:
*Phone Number: () -
*Email Address:

* I to my child receiving school counseling services as outlined in School Counseling Services listed in this document during the 2025-2026 school year.

I acknowledge that I am legally authorized to provide consent for this student and that my digital signature has the same legal effect as my handwritten signature. I understand that I may revoke my consent at anytime in writing to my child's school.

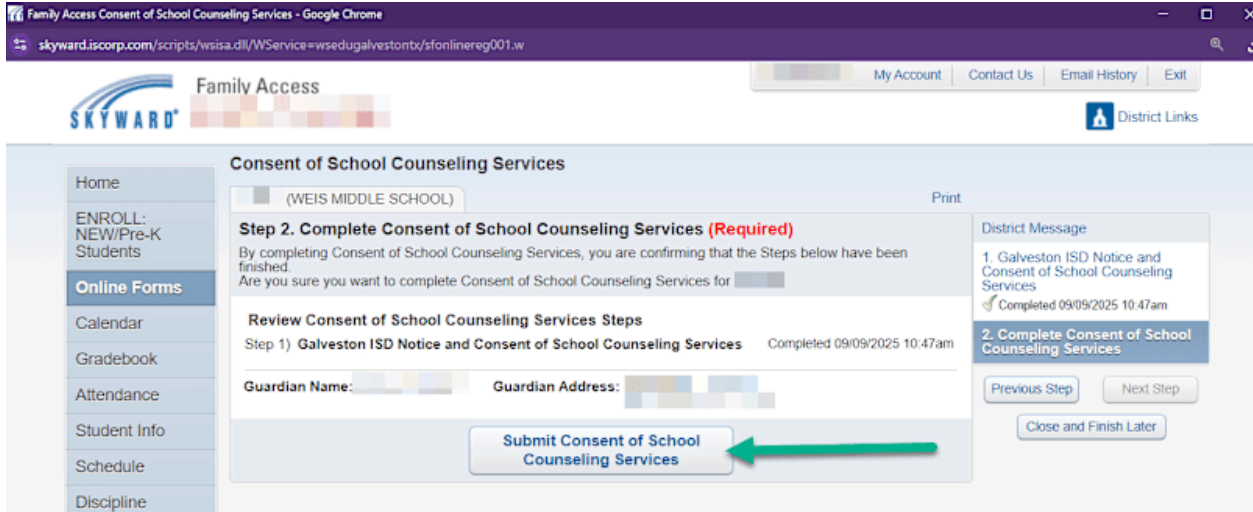
Parent/Guardian Digital Signature: Date: 09/09/25

Complete Step 1 and move to Step 2

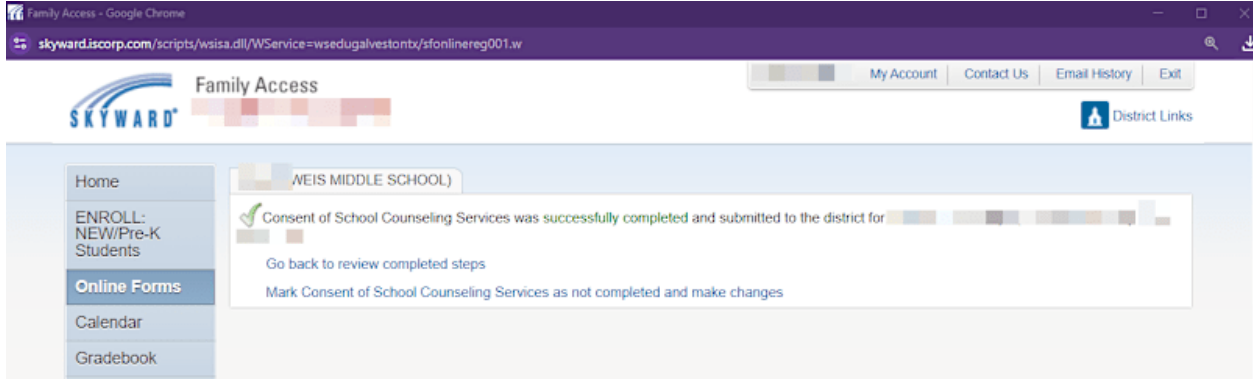
Step 5: Complete Step 2 - Final Consent Confirmation

* I to my child receiving school counseling services as outlined in School Counseling Services listed in this document during the 2025-2026 school year.

I acknowledge that I am legally authorized to provide consent for this student and that my digital signature has the same legal effect as my handwritten signature. I understand that I may revoke my consent at anytime in writing to my child's school.



Step 6: Confirmation of Submission



Additional Information for Parents

- You may revoke consent anytime in writing.
- Counselors will intervene in emergencies regardless of consent.
- All screenings and counseling records are confidential and shared only with parents/guardians.