



**BUTLER COUNTY  
MENTAL HEALTH SERVICES  
ANNUAL NOTIFICATION & OPT-IN FORM**  
*(Students under 16)*

**BUTLER COUNTY SCHOOL SYSTEM  
OPT-IN FOR MENTAL HEALTH SERVICES**

Butler County offers mental health services for your child(ren) in a variety of ways. In compliance with Alabama law, parents and/or guardians must give written permission (opt-in) for their children to receive on-going mental health services each school year. You may choose for your child to receive all, some, or none of the available services.

**Opt-In Options for Mental Health Services**

If your child is under the age of 16, please identify, by checking the box below, which mental health services that you want available to your child. If you do not select any options below, then your child will not receive on-going mental health services.

Option 1: If you want all services available, check the following "Opt-In to All Mental Health Services" box.

Opt-In to All Mental Health Services

Option 2: Alternatively, you may individually select services by checking multiple boxes.

Small Group Counseling - includes small group of students meeting with a school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc on an on-going basis.

Mentoring – mentors from community agencies (e.g. The Rotary Club, Big Brothers/Big Sisters, etc.) that work with students in one-on-one or group setting on topics such as academic success, making good choices, character development, etc.

Assessments/Surveys – assessments and surveys to help students increase their understanding of social behaviors, feelings, etc. and effective ways of coping with stress and negative emotions.

Crisis Intervention – on-going counseling or mental health support by a school counselor or professional to address a crisis need of the student.

Mental Health Counseling - on-going mental health therapy services provided at school by clinically trained mental health professionals on a referral basis.

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Mental Health Guidance Counseling – on-going counseling or mental health support provided by a school counselor.

Counseling Related to Bullying – on-going counseling, programming, or mental health support by a school counselor or professional related to bullying prevention.

Suicide Counseling – on-going counseling, programming, or mental health support by a school counselor or professional related to a student’s suicidal thoughts and suicidal ideation.

**This is document shall not be interpreted to require parent or guardian consent beyond what is expressly required by applicable state or federal law.**

**Exceptions to Opt In Requirement**

Under guidance from the Alabama State Department of Education, general instruction, academic advisement, and occasional support provided by school counselors do not require parent or guardian consent. By law, mental health services may be provided without consent if there is an immediate threat to the health of the student or others; suspected abuse, neglect, or exploitation; or when there is an immediate necessity for immediate grief counseling.

**Review of Materials**

You may request to review any materials used in the counseling programs available to students by contacting the student’s principal.

**Effective Date and Revocation**

This form becomes effective on the day it is received by your student’s teacher/school counselor and, unless rescinded in writing, will remain effective for that school year.

**Parent of Students with Disabilities**

Please note that the opt-in process is not applicable to any school counseling services or “mental health services” contained in a student’s IEP or §504 plan. Consent for those services will be obtained and information regarding your child’s mental health services will be provided through the usual special education process.

**Parental Acknowledgement**

I understand that the legal age of consent in Alabama is 16 years, and that my consent is not required for my child 16 years or older to participate in school-based mental health services should they so choose. I also understand that by opting-in for mental health services, the counselor providing the services to my student shall keep me fully informed regarding diagnosis, recommended counseling, or treatments, and that I have the authority to make final decisions regarding counseling and treatments of my child.

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\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Printed*

\_\_\_\_\_  
*Date*

**Student Information**

\_\_\_\_\_  
*Student Name                      Grade                      Age                      School*