PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT AND CONSENT LETTER FOR CHILD AND YOUTH BEHAVIORAL MILITARY AND FAMILY LIFE COUNSELING SERVICES

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors, and staff to foster healthy growth and social skill development. CYB-MFLCS may work in collaboration with school or program professionals to coordinate care for your child.

CYB-MFLCs address challenging behaviors and support staff, families, programs, and systems to meet the needs of military children and youth by:

- Observing, participating, and engaging in classroom activities and school sponsored activities
- Developing strategies for supporting positive behavior, and stress and emotional management skills in the classrooms and at home
- Meeting one-on-one or in groups, to discuss topics important to school aged military children and youth
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups and presentations for parents to increase positive parenting techniques and strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities

The wellbeing and safety of your child is our top priority. At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest. CYB-MFLCs are flexible and can schedule appointments, meetings, and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

Parental Acknowledgement of Understanding:

Parents, please read each of the 3 statements below carefully. After each statement, please select either YES **or** NO to demonstrate your understanding and decision to allow your child to participate in the MFLC service type.

1) I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a coordination of care for my child. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

☐ Yes ☐ No

Please note: For statements 2 and 3, When selecting YES, you agree to MFLC services for your child or selecting NO, you do not want MFLC services for your child at school. A yes/no response is required for both statements.

2) I authorize my child to participate in CYB-MFLC individual face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

☐ Yes ☐ No

3) I understand the above CYB-MFLC program description and authorize my child to participate and be supported ***as a part of a formal group focused on different topic areas***. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

☐ Yes ☐ No

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date *(YYYYMMDD)*: _____

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