

School Counseling Informed Consent

Koyuk Malimiut School

Koyuk Malimiut School offers short-term individual counseling, academic counseling, and group counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

I understand that school counseling services are short-term services aimed at the effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are needed, and whether to seek them for my child.

In order to build trust with the student, the school counselor will keep information confidential, with some exceptions. Because these services are provided to minor children in a school setting, I understand that the school counselor may share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the student on a need to know basis, so that we may better assist the student as a team. The school counselor is also required by law to share information with the student's parents/guardians in the event the child is in danger of harming themselves or others. The counselor will make the child aware of these limits to confidentiality and will inform the student when sharing information with others.

I hope your child will enjoy and benefit from the services provided and **I encourage you to contact me whenever you have a question, input, or concern, or would like an update on your child's counseling progress.**

Child's Name: _____ Grade: _____

Teacher: _____ Date: _____

I, _____, am the legal parent/guardian of

_____. I have read, understand, and agree to the terms of the attached

School Counseling Informed Consent and I give my permission for my child to receive school counseling services. I

understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

Parent/Guardian Signature: _____

Date: _____