



Elementary School Counseling Informed Consent

School counseling services are short-term services aimed to assist students in learning more about socialization, successful education, and being productive citizens within the school community. It is the responsibility of the parent/guardian to determine whether additional or different services are necessary, and whether to seek them for their child.

Information discussed during these counseling sessions will remain confidential. However, if the counselor sees fit to share information with parents/guardians, teachers, or other school personnel, these limitations will be discussed with the child. Also, in the event the child is being harmed, harming others or themselves, the counselor is required by law to report it.

Name _____ Grade _____ Teacher _____

I, _____, am the legal parent/guardian of _____.
I have read, understand, and agree to the terms of the Elementary School Counseling Informed Consent.

Please check one:

- I give permission for my child to receive school counseling services for the _____ school year.

- I choose to decline school counseling services for my child at this time. I understand I may request counseling services at a later date if needed.

parent/guardian signature

date

Parent daytime/cell phone: _____

Email: _____

Counselor Name: _____

Phone: _____

Email: _____