



MJUSD Counseling Consent Form

This form provides permission for your student to participate in activities with the school counselor

What is counseling? Although the school counselor works with all students during classroom lessons and to provide academic support, some students may need to meet on an individual basis or in a counseling group. Activities with the counselor are available to support your child's personal, social, and academic needs. These activities may include support via Zoom or telephone. School counseling services are short-term services aimed at more effective education and socialization of a child within the school community. School counseling services are not intended as a substitute for psychological counseling, diagnosis, medication, or treatment for any mental health disorder, which are not the responsibility of the school.

How do students access counseling? All students have access to the counselor. You may request that your student meet with the counselor, a teacher may refer a student, or a student may make a request to see the counselor themselves.

What topics are discussed? Examples of topics frequently covered in counseling activities may include friendship and interpersonal issues, communication, self-awareness, and conflict resolution. Other issues that may be addressed in these settings include dealing with anxiety, anger, or loss, relationship skills, and responsible decision-making. Counseling may lead to unanticipated feelings and change, which may have an unexpected impact on my child. Counseling may also improve my child's ability to relate to others and to deal with everyday stress as well as provide a clearer understanding of himself/herself.

What are the limits of confidentiality? All information regarding your child will be kept confidential except as required by state law (i.e. imminent danger to self or others or suspected child abuse/neglect). When a referral is received, the counselor may call the parent/guardian to discuss the services that may be provided. The counselor may share information with parents/guardians, the child's teacher and/or administrators or school personnel who work with the child on a need-to-know basis, so that we may better assist the student as a team. If you would like the counselor to share information with any additional resources such as community counselor, psychiatrist, social services, or pediatrician, a release of information must be signed. Please note that counseling services are voluntary and can be ended at any time at your request. You may withdraw consent at any time by sending your school a signed and dated written note requesting termination of counseling services. If you have any questions, feel free to contact your school principal or assistant principal.

I have read the above information and hereby give my consent for my child to participate in counseling services and agree to abide by the guidelines of confidentiality. I understand I am entitled to ask questions about methods or techniques used by the counselor and the length of the counseling. I give permission for my child, _____ to participate in counseling and/or activities with the school counselor. The school counselor may exchange relevant information with school staff to support my student's personal, social, academic and career development.

Printed name of the parent/guardian: _____

Signature of parent or legal guardian: _____ Date: _____

Best phone number: _____ Best Email: _____