IRON COUNTY Student Services Department

School District 2077 West Royal Hunte Drive Cedar City, Ut 84720

PHONE: 435-586-2804 \*  Fax: 435-586-2815

**Parent Permission for Counseling Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student** |  | **Date:** |  |
| **Parent/Guardian** |  | **Grade:** |  |
| **School** |  |  | |

Your consent is required so that the following services can begin for your student:

* Social, emotional, or behavioral counseling in either Individual or Group Therapy as provided by Guidance Staff or agent of the school for students with disabilities as part of an Individualized Education Plan or Section 504 Accommodation Plan.
* Social, emotional, or behavioral counseling in either Individual or Group Therapy as provided by Guidance Staff or agent of the school for general education students.

Your consent will last until the student is no longer enrolled at the above-named school or you revoke your consent in writing delivered to the school principal, whichever occurs first.

**POSSIBLE ITEMS OF DISCUSSION**

Under Utah Code §53E-9-203 school district personnel or agents are generally required, with a few exceptions, to have your consent as parent or legal guardian, if information is sought from your child concerning the following issues:

1. political affiliation or, except as provided under Utah Code §53G-10-202 or rules of the State Board of Education,   
    political philosophies
2. mental or physical problems
3. sexual behavior, or orientation, or attitudes
4. illegal, anti-social, self-incriminating, or demeaning behavior
5. critical appraisals of individuals with whom the student or family member has close family relationships
6. religious affiliations or beliefs
7. legally recognized privileged and analogous relationships, such as those with lawyers, medical personnel, or ministers
8. income, except as required by law

Depending on the nature of the presenting problem and concerns shared during an initial interview or counseling session by the student or parent(s), some of the issues above may be discussed.

**AUTHORIZATION WAITING PERIOD**

Information gathered in the interview will be used to formulate a treatment program. Information gathered during the course of counseling will be integrated into the treatment program. Applicable law requires a two-week waiting period prior to the student being interviewed regarding these subjects, unless a parent waives this notification period. Your signature will allow us to waive the waiting period and provide services to your child immediately.

**REQUIRED DISCLOSURES**

Service providers have a responsibility to ensure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situations that might occur. If a school employee or agent believes that a situation exists which presents a serious threat to the well-being of a student, that employee or agent shall notify the student’s parents or guardian without delay. Information gathered from an interview or counseling session may be shared with the administrator or other school personnel only on a need-to-know basis. Information regarding a student’s drug or alcohol use will be reported to the parent(s). State Law requires that information suggestive of child abuse must be reported to the appropriate government agency (Utah Code §53G-9-209).

**REMOTE DELIVERY OF SERVICES**

Certain circumstances may require services to be provided remotely. Services delivered remotely are inherently less secure and less confidential than in-person services.

* During one-on-one remote services, you or someone else in the household could potentially observe the session(s), seeing or hearing information that is meant to be confidential.
* During small groups remote services, you or someone else in the household could potentially observe the session(s), seeing or hearing information about your student or others that is meant to be confidential. Individuals in other locations could likewise see or hear information about your student that is meant to be confidential.

Parents who would like additional information may contact the school administrator either prior to or subsequent to the service being provided.

I give consent for my child to participate in counseling sessions and waive the two-week waiting period so that services may begin immediately. If the need arises, my child may discuss the issues identified above during the course of receiving counseling services.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Guardian  Printed Name |  | Date |  |
| Parent/Guardian  Signature |  | Relationship  To Student |  |

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate which of the following group(s) or interventions you feel may benefit your child:

* Family Change
* Grief/Loss
* Social Skills/Friendship
* Anger Management
* Self-Esteem
* Anxiety
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional information regarding your child that may help us in selecting appropriate services: