

Consent for School Counseling & Student Services

Provisions of Services

The Houston Independent School District is committed to providing quality education via a Comprehensive School Counseling Program to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students for counseling, or students may self-refer. It is our goal to obtain annual parent/guardian written permission for individual/group counseling. Services may include but are not limited to short-term individual or group counseling, crisis intervention, and referrals as needed. Possible counseling topics: coping with changes, transition, self-esteem, friendship or relationship issues, study skills, stress management, anxiety, academic progress, post-secondary plans, career exploration, conflict resolution, social skills, adjustment to school or culture, suicide prevention awareness, chemical addiction awareness, etc. These services are available at no cost and are not intended as a substitute for medication, psychological counseling, or diagnosis, which are not the responsibility of the school.

Confidentiality

School counseling is based on a trusting relationship between staff and student. The school counselor or social worker will keep information confidential with some possible exceptions. Information may be shared with parents/guardians, the student's teacher, and/or administrators who work with the student on a need-to-know basis. Services will remain confidential with the following exceptions that require by law that the information be shared: presenting information about hurting self or other(s), evidence or disclosure of neglect or abuse, threats to school security, or when counseling records are court ordered by subpoena. The school counselor or social worker will inform the student of these limits of confidentiality.

Contact

I understand that materials, including curriculum used in the Comprehensive School Counseling Program will be available for a parent/guardian to preview during school hours.

Please check one:		
I,	, am the legal parent/guardian	of
I have read, understand, and agree t	o the terms of the Consent for Sch	nool Counseling and Student Services.
I give permission for my child the 2023-2024 school year, while at understand that I may withdraw my termination of counseling and stude	tending Houston Independent Sch consent at any time by signing and	·
	if needed. Signing here does not p	y child at this time. I understand that prohibit the school counselor or socia
Custodial Parent/Guardian Signature	<u>s</u>	Date