



**School Counseling and/or Therapy Services Informed Consent Form
and Parent Permission Form**

Dear Parent/Guardian of _____.

Three Peaks Elementary is committed to providing quality education to its students. Three Peaks offers a wide range of support services to children academically, emotionally, behaviorally, and socially. Student participation in these support services may be determined based on one or more of the following: assessments, teacher observation, performance in the classroom, social interactions with peers, parent request, student request, and/or IEP/504 service.

We would like to offer your child the opportunity to participate in supportive skills, counseling/therapy while at school. Participation in these services will help support your child's social, emotional, and/or behavioral development as s/he learns to navigate the elementary school years and beyond. There is no cost for counseling services provided.

This permission is valid for the current school year unless one of the following occurs: (1) the student completes or withdraws from the course, activity or program for which this permission was granted: or (2) a written withdrawal of authorization is submitted to the attending counselor/therapist by the authorizing parent or guardian. If your child expresses concern about his/her counseling, please contact us so that we can resolve this. If you desire to withdraw consent at any time please submit, in writing, a statement that you would like to terminate counseling/therapy services.

Under Utah Code, Section 53A--13--301 and 53 A 18--302 of the Utah Family Education Rights and Privacy Act, school district personnel are required to have your consent as parent or legal guardian (except in response to a situation which a school employee reasonably believe to be an emergency or by order of a court) if counseling information is discussed with your student. Please also be aware the service providers have a responsibility to ensure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situation that might occur. Information concerning life or health threatening situations will be shared with the parent/guardian and appropriate school 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/guardian. State law requires that information suggestive of child abuse must be reported to the appropriate government agency. If you would like the counselor to share information with a third party, you will need to sign an additional release of information form. These services are not intended as a substitute for psychological counseling, diagnosis, or medication.

Sincerely,
Darci Wilks, School Counselor
Three Peaks Elementary School
darci.wilks@ironmail.org

Ginger Healy, School Therapist
Three Peaks Elementary School
ginger.healy@ironmail.org

Please see reverse side of this form.

I understand that Three Peaks Elementary School feels that my child would benefit from participation in supportive skills, counseling/therapy based on the school's/teacher's observation of the following behavior(s) at school:

chronic misbehavior
anger
family/personal trauma
uncooperative/defiant
peer relations
poor performance in school
theft
other: _____

violence
social skills
grief
bullying/teasing
cooperation with others
depression
health concern

anxiety
divorce
loss/change
fighting/aggression
self-harm
weapons possession
eating disorder

Please check ONE and sign:

_____ I DO give my child permission to participate in counseling/therapy services at Three Peaks Elementary with a school counselor or school therapist/social worker.

_____ I DO NOT give my child permission to participate in counseling/therapy services.

Child's Name _____

Custodial Parent/Guardian Signature _____ Date _____

Phone _____ Email _____

*Utah State Law requires a two-week waiting period before counseling services can be given. If you would like to begin these services as soon as possible, please sign below to waive the two-week notification period.

_____ Date _____

Indicate which of the following group(s) you would like your child to participate in:

- ___ Family Change
- ___ Divorce
- ___ Grief/Loss
- ___ Social Skills/Friendship
- ___ Anger Management
- ___ Self-Esteem
- ___ Anxiety
- ___ One on one therapy

Briefly explain why services are needed:
