



## 2020-2021 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 support services may be 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 situations 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/therapist 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. In emergency situations where the child is not physically present at the school due to an illness or unplanned school recess, the parent gives permission for services to be provided via telephone or video-call. The counselor/therapist is not able to control for the child having adequate and appropriate privacy and confidentiality with telephonic and video-call services. The parent present agrees to accept responsibility to ensure that the child's privacy and confidentiality is protected.

Sincerely,

Liesl Arnell, MEd School Counseling  
liesl.arnell@ironmail.org

Eric Allred, LMFT  
eric.allred@ironmail.org

**Please see the reverse side of this form.**

I understand that my child could benefit from participation in supportive skills or counseling services based on the school's/ teacher's observation, concerns of the student, or my own concerns as parent/guardian.

Please check ONE and sign:

\_\_\_\_\_ I DO give my child permission to participate in in-person, telephonic or virtual counseling services at Three Peaks Elementary with a school counselor.

\_\_\_\_\_ I DO NOT give my child permission to participate in in-person, telephonic or virtual counseling/therapy services.

Child's Name \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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:

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\*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 \_\_\_\_\_