

**SCHOOL COUNSELING INFORMED CONSENT  
IHM-ST. CASIMIR SCHOOL**

IHM-St. Casimir offers individual and group counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

Counseling services are provided to ensure the success of each and every student. Group counseling and individual counseling aim to meet the needs and help students reach their potential. School counseling services encompass *academic, career, and personal/social* elements, several specific topics include:

- ▶ Study Skills                      ▶ Behavior                      ▶ Family                      ▶ Grief/Loss
- ▶ Self-esteem                      ▶ Goal-setting                      ▶ Social skills ▶ Friendship

Before beginning it is necessary to obtain parent/guardian written permission for counseling that that is planned on a regular basis. The bottom portion of this consent form may be returned to the counselor or to your child's teacher.

I understand that school counseling services are short-term services aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary, and whether to seek them for my child.

In order to build trust with the child, the school counselor will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, I understand that the school 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 child as a team. The counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

*IHM-St. Casimir Catholic School challenges students to discover God's gifts spiritually, intellectually, socially and physically within a community that nurture, honors and respects the unique person.*



Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_.  
I have read and understand the terms of the attached School Counseling Informed Consent and give my permission for my child to receive school counseling services at IHM-St. Casimir School.

Parent/Guardian (Signature)

\_\_\_\_\_ Date \_\_\_\_\_