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Patrick Kelley
Superintendent

To the parent(s) or guardian(s) of _____

Our school counseling team is available to provide your child with a familiar contact that can ease their stress during these challenging times via phone or virtual modes. Due to orders related to school closures, teleconferencing will be available for the remainder of the current academic school year. Your social worker/mental health therapist _____ is accessible during office hours of ___ to ___ on _____ days. Your social worker/mental health therapist can be contacted via email _____ or phone _____.

For your child to participate in virtual school counseling, the following is required:

- An adult *MUST* be in the home for the duration of the teleconference.
- Your child must find an appropriate, quiet and private location to conduct a phone or virtual face-to-face meeting.
- Your child must be dressed appropriately.

I understand that confidentiality is enforced and maintained by the school counselor. Information can only be obtained through an Authorization to Release Information signed by me, the Parent/Guardian.

I understand that all district employees and contractors are state mandated reporters of all known suspected child abuse or neglect. This means that all staff must, by law, report all suspected child abuse/neglect.

I understand that in the event of a crisis, I am to call 911.

I understand that school counselors will continuously assess my child’s needs and will make recommendations for referrals to additional supports when the needs are outside of their scope of practice.

I understand that there are risks and consequences associated with teleconferencing, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

I understand that there will be no recording of any of the teleconferences by either party.

I’ve been provided with a list of resources and crisis help lines.

By signing, I am agreeing to my child’s participation and am indicating that I understand and agree with everything outlined within this consent form.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date