



**School Counseling Informed Consent
St. John Paul II School**

The Diocese of Fall River Catholic Schools is committed to providing quality education to its students. Part of that goal includes school counseling services. The counselors from St. Vincent's Services offer school adjustment counseling and small group counseling to students within the school. Skill areas that are often addressed include friendship and social skills; dealing with anger, anxiety, sadness, or loss; improving self-control; addressing self-esteem; and making responsible choices.

Parents/guardians and school staff may refer students for counseling, or students may request counseling for themselves. School counseling services are short-term services aimed at the more effective education and socialization of the child within the school community. These services are **not** intended to serve as a substitute for diagnosis or treatment for any mental health disorder.

CONFIDENTIALITY:

The counselor will keep information disclosed by students confidential, with some exceptions. Information will only be shared with parents/guardians, administrators, teachers/school personnel on a need-to-know basis, with the intent to work as a team to help the student. These limits to confidentiality will be explained to the students as well. Under the following circumstances, the school counselors are required by law to share information with others:

1. A student presenting information about hurting themselves or another person (whether it has happened already, or the intent is suggested).
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect. In this case, a report will be made to the MA Department of Children & Families (DCF), and the counselor may or may not inform parents/guardians about the report.
3. Threats to school security.
4. In the event that counseling records are court-ordered.

I, _____, am the legal parent/guardian of _____.

I have read, understand, and agree to the terms of the **School Counseling Informed Consent**.

- I give permission for my child, _____, to receive counseling services as needed while attending St. John Paul II School. This consent can be withdrawn at any time with a written notice that has been signed and dated, requesting the termination of counseling services.
- I choose to decline school adjustment counseling services for my child at this time. I understand that I may request counseling services at a later date if needed.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date



DIOCESE OF FALL RIVER

This consent is valid for the school year during which it has been signed.