

APPENDIX 3-3

SCHOOL COUNSELING INFORMED CONSENT FORM

Introduction of Services

Guam Department of Education is committed to provide school counseling support to its students. School teachers, school administrators, school officials or parents/guardians may refer students for school counseling services, or students may request counseling on their own. There is no cost for school counseling services. However, school counseling services are not intended as a substitute for medication, psychotherapy or a medical diagnosis.

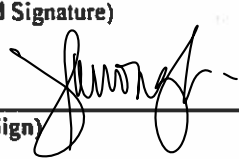
Responsibility to Students: School counselors provide individual supportive counseling and facilitate Small Group Sessions to help students with academic, career, behavioral, social and emotional needs. School counselors may provide counseling interventions to address various student challenges but not limited to the following such as students' adjustment or transition difficulties, self-esteem challenges, peer relationships, study skills, stress management, anger management, fears or worries, academic progress, conflict resolution, social skill building, substance abuse education, etc.

Confidentiality: School counselors maintain student information and school counseling services are confidential. No other persons or agencies outside of GDOE will have any access to students' records without a written consent to release information signed by their parents. Parents have the right to revoke any written consent at any time.

Limits to Confidentiality: School counselors have limits to confidentiality. Legally, school counselors are mandated by law to reveal information about a student under the following circumstances:

1. A student is a danger of harming or ending his or her life
2. A student is a danger of harming others or threat to school safety
3. A student self-disclose or evidence of any past or ongoing neglect and/or abuse (sexual, verbal, physical, or emotional).
4. Court order or other legal proceedings

Acknowledgement, Agreement and Written Consent:

Student Name: _____ School Name: _____ Grade Level: _____	
I, _____, am the parent/legal guardian of the student listed above. I have read and acknowledge the terms above discussed in the <i>School Counseling Informed Consent</i> . I agree and I give my written permission/consent for my child to participate and to receive school counseling services while attending school at GDOE. I also give my written permission to my child's identified School Counselor to collaborate, if necessary, with the District Psychologist through psychological consultations for the school counselor to seek guidance, information and/or discussion to address my child's needs.	
Parent/Legal guardian name (print and Signature) _____ 	_____ Date
School Principal (Print Name and Sign) _____	_____ Date

Disclaimer: Parents/legal guardians, in the event you decline your child to participate in and to receive school counseling services at his or her school, please provide a written statement that you do not want your child to receive school counseling services and the reason for not wanting your child to participate in school counseling services addressed to your child's school administrator with parent signature and date.