



**ST. MARY CATHOLIC SCHOOL AND PRESCHOOL
PARENT REQUEST FOR COUNSELING SERVICES**

Parent/Guardian Referral Form

Please fill out the following form completely.

Student	Date of Birth
Teacher's Name	Grade
Name(s) of Parent(s)/Guardian(s)	
Street Address	City/state/Zip Code
Home Phone	Cell Work
Email Address(es)	

Name(s) of Parent(s)/Guardian(s)	
Street Address	City/state/Zip Code
Home Phone	Cell Work
Email Address(es)	

With whom does the student live?

What would you like to see your child receive out of counseling? (Please be specific.)

Does the student currently receive any counseling/therapeutic services from any mental health professional, nonprofessional, agency, or church? Yes _____ No _____

Please explain any interventions attempted prior to this referral (ex. conference with the teacher and/or administration, at-home interventions, outside counseling services sought, etc.)

Is the student currently taking any medication on a regular basis: Yes _____ No _____
If yes, what is it? _____

Signature of referring individual _____ Date _____

Please return this form to St. Mary Catholic School and Preschool office.



SCHOOL COUNSELING INFORMED CONSENT St. Mary Catholic School and Preschool

St. Mary Catholic School and Preschool is pleased to be able to offer short-term individual counseling to students again this year. Parents/guardians or school staff may refer students for counseling, or students may request counseling. Counseling will begin the first week of September.

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.** If your child is currently being counseled outside of school, we ask that, for continuity in services, you not use this school program.

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.

I encourage you to contact me whenever you have questions or concerns.



Child's Name _____ Grade _____ Teacher _____

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

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

I give permission for my child to receive school counseling services at St. Mary Catholic School for the 2017-2018 school year.

I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

Parent/Guardian (Signature)

_____ Date _____

Phone: Daytime phone _____ E-mail _____

Cell phone _____