Navo Middle School

1701 Navo Road Aubrey, TX 76227 # 972-347-7500 Fax 972-346-2562

## Counseling consent form

Navo Middle School is committed to providing a positive safe environment and quality education to our students. We can achieve this goal by, I, Bryan Daniel "Student Assistance Counselor" will have group discussions for the students here at Navo. The topic discussions of the groups may include but are not limited to anxiety, coping strategies, self-esteem, relationship concerns, bullying, adjusting to school, and peer conflict resolution. I may meet with students individually to check in and help problem solve or de-escalate a situation or concern they may have. My top priority is to help students minimize distractions that they may face, so they can grow more successful emotionally, socially, and most important academically. As a Student Assistance Counselor, I am not in the position to provide ongoing therapy for any students. If you feel that your child needs ongoing therapy, you will need to find counseling services outside of the school setting as I am unable to provide intensive therapeutic sessions. Please note that your student may not be asked to participate in any group discussions as the decisions will be based on the needs of the students and referrals from teachers, administration, and parents.

## Confidentiality

Confidentiality is an important component to building a strong rapport in therapeutic relationships. Due to the importance of confidentiality, the conversations that are with the counselors will remain confidential. There are times as a counselor that confidentially can be broken and those include:

- If the student reports harm to him/herself or reports harm to someone else, I will have to report and let someone know.
- If a student reports neglect, sexual, or physical abuse, then I will have to report and let someone know as a mandated reporter.
- If I am subpoenaed or my records are court ordered I will have to provide that information in court.

## Contact information

If you have any questions or concerns, feel free to contact me anytime. I will get back to you at my earliest convenience.

Sincerely,

Bryan Daniel, LPC

Student Assistance Counselor

Navo Middle School

Office: 972.347.7509 / Email: bdaniel@dentonisd.org

- Woo - Communication - Futuristic - Includer - Positivity -

"Pride, Respect and Excellence"

Proud Member of the Denton Independent School District since 2005



Initial if you agree and consent to the following statements

\_\_\_\_\_ I understand agree and consent for my child to meet with the counselor and partake in any group discussions they may have at school

\_\_\_\_\_ I understand that Navo Middle School counselors are not able to provide counseling sessions/services to my child(ren) and ongoing therapy here at school.

\_\_\_\_\_ I understand the rules of confidentially and how talks will remain confidential unless the stated above statements occur.

\_\_\_\_\_ I understand that my child will be responsible for any assignments that are missed if they are with a counselor during class time.

Please sign and print the following

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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 participate in groups with the counselors at school to discuss various topics. I understand that I may withdraw this consent at any time by written a notice of termination and turning the notice in to the school.

|                              | Date |  |
|------------------------------|------|--|
| Parent/Guardian (Print Name) |      |  |
| Parent/ Guardian (Signature) |      |  |
| Cell Phone                   |      |  |
| Email                        |      |  |

PLEASE RETURN THE SECOND PAGE OF THE INITIALS AND SIGNATURES BACK TO THE COUNSELING DEPT.

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