

Nevada School District
School-Based Therapy/Case Management Services Parent Consent Form

Date referred: _____ Date from sent home: _____

Student: _____ Grade: _____ Age: _____

(Name of District or School) provides opportunities for students in your school who may be experiencing academic, emotional, or behavioral difficulties brief therapeutic services. These services include assessment and recommendations, supportive counseling for students and parents, and crisis assistance.

We are requesting permission to meet with your child to determine if your child is eligible for services listed above. If you agree for your child to receive services from our school-based counseling staff, please sign below and include a phone number with the best time to call.

You are welcome to contact (Name of qualified mental health professional) at (phone number and email) for more information. Our services are voluntary. I will reach out to you soon to schedule a time we can meet to discuss the best therapeutic services we can provide to your child.

~Accept~

I am the parent/guardian of, _____ and I give consent for my child to receive counseling services from the school-based therapeutic services team. I understand that counseling information is confidential and HIPPA and FERPA privacy rights will be followed. We will be in contact with you directly to complete the assessment and develop a plan of care. We will also contact to you to review your child's progress and discuss further recommendations. Permission can be withdrawn at any time with written notice to the school-based qualified mental health provider. This consent will remain in effect for one year from the date when it was signed by you.

Parent/Guardian Signature

Date

Phone: Home: _____ Work: _____ Cell: _____ When to call: _____

~Decline~

I am the parent/guardian of, _____ and I decline consent. I do not want my child to receive services at this time.

Parent/Guardian Signature

Date

Phone: Home: _____ Work: _____ Cell: _____ When to call: _____

NOTE: The services offered are **not** to replace outside therapeutic services your child may already be receiving within the community. If your child is receiving therapy services in the community, it is our goal to work with you and your provider to help your child's academic success. These services are being offered in attention to and in partnership with your outside therapeutic provider. All school-based services are free of charge. Thank you.