

## **Informed Consent for School Counseling**

Your permission is requested for your child to participate in individual and/or group counseling at St. Christopher School with Miss Scaffidi, the school counselor. Individual counseling provides students with the opportunity to explore feelings, thoughts, and behaviors. Small group counseling gives students the experience of working with two or more students under the guidance of the counselor in order to address feelings, thoughts and behaviors and/or to learn specific skills. The purpose of both individual and group counseling is to work on academic, personal, social/emotional or behavioral skill building so students will be better prepared to focus on school achievement. School counseling is intended to be short-term and does not serve as a substitute for mental health treatment.

The counseling relationship is built on trust between the counselor and students. In order to keep that trust, the counselor will keep information shared by students confidential with few exceptions. When it is deemed necessary to ensure the well-being of the student and keep daily functioning as easy and normal as possible, the counselor may discretely share information with parents/guardians, administrators, and teachers so that we may serve the student as a team. By law, the counselor is a mandatory reporter, and to ensure the safety of every person, if a student discloses intent to harm herself, another individual, or that she is being harmed, it will be reported to the necessary authority and to the parents. Students will be notified when confidential information is being shared with others.

Please contact me with any questions that you may have regarding individual or group counseling. I can be reached at 693-5604 extension 316 each day throughout the school year. Thank you for your cooperation!

**Miss Laura Scaffidi  
School Counselor  
St. Christopher School  
693-5604 ext. 316**

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I have read and discussed the above statements with my child. We both understand the conditions in which my child will be participating in counseling with Miss Scaffidi at St. Christopher School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher/ Grade