

MONTGOMERY COUNTY PUBLIC SCHOOLS**Consent for Individual Counseling**Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Student Name _____ Date of Birth ____/____/____ MCPS ID# _____

Name of School _____ Grade level _____

Parent/Guardian Name _____ Contact Phone No. ____-____-____

Purpose _____ Duration of Services _____ Length of Each Session _____

The school counselor, psychologist, or social worker can provide regularly-scheduled or an ongoing series of individual counseling sessions to students with permission from the parent(s) or guardian(s). These counseling sessions are designed to teach skills to help students be more successful in their academic and social environment. Many students may improve their school performance, attendance, and attitude towards school by taking part in individual counseling sessions. Self-help issues developed in these counseling sessions often include coping strategies, stress management, problem solving, and social skills. These sessions are not intended to replace non-school based counseling that you may arrange for the student. Please note that this consent is not necessary for every visit or drop in that a student makes to a school counselor, psychologist, or social worker; consent is only required for regularly-scheduled or an ongoing series of individual counseling sessions. This does not include visits exclusively regarding course scheduling or college and career planning.

Information disclosed by the student during counseling sessions is typically not revealed to anyone else, except under certain circumstances (for example, evidence that a student is a threat to themselves, others or property). Sharing of information will be limited to those MCPS administrators or other MCPS staff as necessary for student well-being and to support student success. In addition, information must be shared if legally required to do so. Otherwise, all material discussed will be confidential.

Counseling sessions may be conducted in-person or virtually. There are potential benefits and risks of virtual counseling (e.g. limits to patient confidentiality) that differ from in-person sessions. Confidentiality still applies for virtual counseling services, and neither party will record the session without the permission from the others person(s). If it is agreed upon to use the virtual platform the MCPS Counseling provider will explain how to use it. The student will need to use a webcam or smartphone during a virtual session. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. It is recommended to use a secure internet connection rather than public/free Wi-Fi. The MCPS Counseling provider will develop a back-up plan (e.g., phone number where the student can be reached) to restart the session or to reschedule it, in the event of technical problems. The MCPS Counseling provider will need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation. The MCPS Counseling provider may determine that due to certain circumstances, counseling is no longer appropriate and that we should resume our sessions in-person.

This consent for counseling is valid for one school year. Student participation in counseling is strictly voluntary and consent may be withdrawn by the student's parent(s)/guardian(s) at any time (or by an eligible student). Parents are encouraged to contact the school counselor, psychologist, or social worker to keep informed about the student's progress.

Thank you for your support in helping your child succeed at school.

I **do** give permission for _____ to receive individual counseling services.
(Name of Student)

I **do not** give permission for _____ to receive individual counseling services.
(Name of Student)

Parent/Guardian/Eligible Student Name (Print) _____

Parent/Guardian/Eligible Student (Signature) _____ Date ____/____/____

MCPS Counseling Provider Name (Print) _____

MCPS Counseling Provider (Signature) _____ Date ____/____/____

MCPS Counseling Provider phone number ____-____-____ and email _____

If you have any questions, please call the Office of Student and Family Support and Engagement (OSFSE), at 240-740-5630. Thank you for your support in helping your child succeed at school.