

**Informed Consent for School Counseling-Like Sessions**

 I would like my child to participate in individual and/or group sessions at the Capitol Encore Academy with Mrs. Lanham, the school social worker. Because the Capitol Encore Academy does not have a school guidance counselor, the school social worker is helping fulfill this role. However, due to the difference in degrees, the services offered at TCEA cannot legally be considered counseling. The sessions and services offered by the social worker align American School Counselor Association.

Individual counseling provides the students with the opportunity to explore feelings, thoughts, and behaviors in a private, one-to-one setting with a trusted adult (social worker). Group counseling provides students the experience working with two or more students under the guidance of the social worker in order to address feelings, thoughts, behaviors, and/or learn specific skills. The purpose of both individual and group counseling is to work on academic, personal, social, and emotional issues so students will be prepared to focus on school achievement.

 Counseling is voluntary and without a guarantee. You or your child may stop counseling at any time without any negative consequences. At times, sensitive or difficult topics are addressed and may bring about emotional discomfort. However, dealing with these issues can lead to better understanding and acceptance of self and others.

 Confidentiality will be guarded within legal and ethical limits of the counseling profession. Sometimes other counseling professionals may need to be consulted but the student’s identity will always be protected. If your child shares that he or she is being harmed, may be harmed, plans to harm himself/herself, another person or property, the social worker will share the information with parents or other appropriate persons. In group counseling, the social worker will make every effort to ensure confidentiality but cannot guarantee group member compliance.

 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-like sessions with Mrs. Lanham at the Capitol Encore Academy.

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Student Name Teacher

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Parent/Guardian Signature Phone #