

SUPERINTENDENT
Fran Swensgard

GARDEN VALLEY PRINCIPAL
Steven A. Guglich

STONY CREEK PRINCIPAL
Dawn Hurney

ROUND PRAIRIE PRINCIPAL
Dr. Robert Smith



NEW PUBLIC SCHOOL DISTRICT NUMBER EIGHT



111 7TH AVENUE WEST ■ WILLISTON, NORTH DAKOTA 58801 ■ (701) 572-6359

INFORMED CONSENT FORM

GUIDANCE COUNSELOR
Nerida Reichman

Introduction

The New Public School District #8 is committed to providing quality education to its students. In an effort to achieve this goal, parents/guardians or school staff may refer students for counseling, or students may request counseling. The focus of the counseling program is to help students better understand the world they live in and make better decisions that help them live functional lives. There is no cost for counseling services through the school district. The Counselor for the school district is Mrs. Nerida Reichman.

Provisions of Services

It is the policy of the New Public School Board of Education to obtain parent/guardian written permission for counseling that extends beyond one session in a school year or that is planned on a regular basis. Services include Intake assessment, short term individual counseling, crisis intervention, group counseling, and referrals as needed.

By signing this Informed Consent Form you are indicating that you understand that school counseling services are aimed at the more effective education and socialization of your child within the school community. These services are not intended as a substitute for psychological counseling, diagnosis, or medication, and are not the responsibility of the school. You are also indicating that you acknowledge that it is your responsibility to determine whether additional or different services are necessary and whether to seek them for your child.

Benefits/Risks

By signing this Informed Consent Form you are indicating that you understand there may be both risks and benefits associated with participation in counseling. Counseling may improve your child's ability to relate with others, provide a clearer understanding of himself/ herself, along with values, goals, and an ability to deal with everyday stress. Counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on your child and his/her relationships.

Confidentiality

By signing this Informed Consent Form you are indicating that you understand the school counselor will keep information confidential, with some possible exceptions. The counselor is required by law to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to school security
- Criminal or delinquency proceedings are pending

The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others.

Right to File Access Records

Records include copies of signed forms, identifying information, dates of session, an initial treatment plan, progress, and copies of correspondence. Records are stored safely with attention to privacy. By signing this Informed Consent Form you are indicating that you understand that the student has the right to access his/her file and visit with the counselor about the contents of it. Rights may be denied if it is determined that doing so is likely to endanger the life or physical safety of the child.

Contact

By signing this Informed Consent Form you are indicating that you understand that you entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. You are also free, and encouraged, to seek a second opinion or end counseling at any time.

Please check one:

I give permission for my child to receive counseling services at New Public School District 8 for the 2013-2014 school year. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

I choose to decline school counseling services for my child at this time.

I understand that I may request counseling services at a later date if needed.

Student Signature: _____

Custodial Parent/Guardian Signature: _____

Date: _____

Principal's Signature: _____

Date: _____