

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

435 Hillcrest Avenue

Pacific Grove, CA 93950

School-Based Mental Health Services Informed Consent Form

Pacific Grove Unified School District offers short-term individual and group counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

I understand that school-based counseling services are short-term interventions aimed at enhancing the effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for diagnosing or treating any mental health disorder. Counseling and mental health support at the school are provided on a voluntary basis. Counselors may make recommendations and referrals for additional care, and the family is responsible for following up on these recommendations if they choose to do so. The family may also seek other mental health care as they choose.

With some possible exceptions, the counseling team will maintain the confidentiality of the information to foster trust with the child. Because these services are provided to minor children in the school setting, I understand that the school counselor may share information with parents/guardians, the child's teacher, and administrators or school personnel who work with the child on a need-to-know basis so that we may better assist the child as a team. The counselor is also legally required to share information with parents or others if the child is in danger of harm to self or others. The counselor will inform the child of these confidentiality limits and explain when sharing information with others. Suppose you want the counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician. In that case, you must sign an additional release of information form.

I encourage you to contact us whenever you have a question, input, or concern, or would like an update on your child's progress in counseling.

Sonda Frudden, Robert Down Elementary School Counselor	sfrudden@pgusd.org	831-291-3389
Zoe Roach, Forest Grove Elementary School Counselor	zroach@pgusd.org	831-646-6560
Julia Triplett, Elementary Mental Health Therapist	jtriplett@pgusd.org	831-632-9551

Child's Name _____

Grade _____ Teacher _____

I, _____, am the

Legal parent/guardian of _____.

I have read, understand, and agree to the above School Counseling Informed Consent terms.

Please check one:

☐ I give my consent for my child to receive school counseling services. I understand that I may withdraw my consent by signing and dating a written note requesting the 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 time if needed.

Parent/Guardian (Signature)

Date _____