

Debra White, Principal

Katie Jacobs, Counselor

Date: _____

PARENT CONSENT FOR COUNSELING SERVICES

I am pleased for the opportunity to work with your child. Before I begin meeting on a regular basis with your child, I must obtain your informed consent for ongoing counseling services. This document is designed to inform you about my background and to ensure that you understand the counseling relationship between your child and myself.

I have been certified by the Kansas State Board of Education to be a school counselor. I hold a Masters of Education degree in counseling from Kansas State University and a Bachelors of Education in Elementary Education from Kansas State University. I had 11 years of classroom experience in the 1st and 2nd grades prior to earning my counseling degree.

My goal is to help the children with whom I work to resolve their problems. There are, however, no guaranteed results that regular counseling intervention will be a quick fix to a child's problems. The results depend upon your child's willingness to make changes necessary to solve his/her problems. In our sessions, your child and I will focus on those problems that are affecting your child's academic performance at school.

Confidentiality is an obligation I have as a counselor. What your child and you communicate to me will be guarded information. We will decide together what information should be shared, if that should become necessary. However, there are situations resulting in limits to confidentiality that include danger to self or others, possible abuse issues, and court ordered subpoenas. In addition, I may be consulting with other professionals to ensure the best possible counseling services for your child.

If I believe your child should require additional services, or if you become dissatisfied with my services, I will provide you with a list of other professionals who provide counseling services.

Thank you for the opportunity to develop this special relationship with your child. I hope to work very closely with you as parents, because you are the expert on your child's needs. If at any time you have questions, concerns, or pertinent information, please give me a call here at school (777-0151).

Sincerely,
Katie Jacobs, M.Ed. Counseling
School Counselor
Munson Primary School

I have read the document above regarding informed consent and agree to have my child receive individual and/or group counseling services from Katie Jacobs.

Signature of parent or guardian: _____

Name of child: _____ Date: _____