



ARCHDIOCESAN CATHOLIC SCHOOL CONSENT FOR INITIAL COUNSELING SERVICES

Archdiocese of Washington – Catholic Schools

All parents or guardians of Archdiocesan Catholic school students must read and sign this form to acknowledge and consent to initial school counseling services that may be rendered to students by school or archdiocesan personnel in the event of a crisis, referral, or some other school-related matter during the school day. This document does not serve to enroll a student in on-going school counseling services or to permit on-going school counseling services.

Acknowledgment and Consent

I, _____ acknowledge and consent to
Print Your Name

counseling services that may be rendered to _____
Print Student's Name

(the "Student") by school or archdiocesan personnel in the event of a crisis, a referral, or some other school-related matter occurring throughout the school day. I understand that I will be notified if such services are rendered.

I understand and acknowledge that counselors will not share confidential information with others except when authorized school personnel have a legitimate, educational need to have the information; when a student intends to harm himself/herself or another individual; when necessary to prevent clear and imminent danger; when a parent of a student or an emancipated student provides a written statement authorizing the release of information; or in other situations as required by law.

When necessary and appropriate, school counselors may make a referral to outside resource(s). I understand that counselors will make their best efforts to inform me of applicable resources and will provide reasonable assistance in making the transition to minimize interruption of counseling services.

I, hereby, acknowledge and consent to initial counseling services for my child and agree to fully collaborate with the school counselor and the school administrators when necessary.

Name of Parent/Guardian: _____
Please Print

Signature of Parent/Guardian: _____ Date _____
Sign Your Name *Today's Date*

SCHOOL COUNSELOR

**"Let choice whisper in your ear, and love murmur in your heart.
Be ready. Here comes life."**

- Maya Angelou

I believe you would agree that Maya Angelou is a person of beauty and wisdom. Her words have been the source of inspiration and guidance, of solace and relief, for so many truthsayers and searchers of the truth over numerous years. Maya Angelou is well known and highly respected throughout most of the world. When I first read the above quote, the beauty in her words stayed with me. They seemed relevant and uplifting, yet geared for the future and even life itself. Maya Angelou's aesthetic style of writing is awesome.

You can imagine my surprise, my disappointment, when I Googled this quote and found that some who call themselves "writers" of song and poetry denigrated these words to satisfy their own perverse and offensive needs. Perhaps they call it "the right to free speech" but, in my estimation, that is abusive and takes advantage of what our founding fathers held to be of value. When, where, and why does negativism creep into the lives of individuals? How can we intercede to be certain that our children hear the finer aesthetic whisperings in their ears, and know and feel that they are truly loved?

You, at home, and we here at school have the opportunity to help our children "Be ready" for life and all that it implies. Together, we can encourage and model a positive outlook on life...even when things get tough. That is the opportune time to teach by example that this IS LIFE and we need to make the best of it. Let's surround our children with a wholesome and emotionally healthy environment, including books, games, videos, posters, and everything else that has a visual and/or auditory effect on the minds of our kids. Let's saturate our children with the understanding that they are precious in the eyes of God and in our own eyes. Let's prepare our kids for a really good, safe, and productive life.

As you may be aware, counseling services are available to children throughout the school day. The primary goal of the counseling program is to provide support to children and families, and to strengthen the ability to cope with and work through problems that are interfering with healthy growth and development. Service is based on a short-term, goal-oriented model of intervention which ordinarily involves eight to twelve sessions. In addition to individual counseling, group counseling and classroom guidance presentations are conducted. As in all counseling, confidentiality is a priority. No record is kept on file in the school and no final counseling report will be released without the written permission of the parent.

Counseling may be initiated by school personnel, parents, or the youngsters themselves. A signed parental permission form is required. The following examples may be used as guidelines for determining appropriate counseling referrals:

- Loss through death, divorce, etc.
- School related difficulties
- Behavioral problems
- Self-esteem issues
- Peer difficulties
- Motivational problems
- Family difficulties

You will find, attached to this memo, a form which suggests various options for counseling interventions. If you have concerns about your daughter/son, and would like to take advantage of the counseling which is available at school, please reply by completing the form, enclosing it in an envelope, and addressing it to Sister Madonna Marie, IHM. It is important that we meet to discuss these counseling goals and how, together, we can offer united support for your child. I can be reached at 202-362-0076 Mon-Wed and at 301-320-7784 at any other time.

COUNSELING SERVICES

INDIVIDUAL COUNSELING:

I would like my daughter/son, _____

to receive individual counseling. She/he seems to be experiencing

difficulty with _____

I, as parent, will be happy to meet with you to discuss this counseling.

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GROUP COUNSELING:

If you wish for your child to be in **GROUP** counseling, please check the area that seems to be a concern.

_____ Anger Management

_____ Divorce Support

_____ Peer Relations/Pressure

_____ Stress Management

_____ Low Self-Esteem

_____ Loss & Bereavement

_____ Self-Control & Responsibility

_____ Bullying & Coping

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Child's Name

Date of Birth

Grade

Parent's Name

Parent's Signature

Phone Number

Email

RETURN IN AN ENVELOPE TO: Sister Madonna Marie, NCC at the school office.