



**Newman Crows-Landing Unified School District
Counseling Referral Form**

School Name: _____ Teacher: _____ Referral Date: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____ Primary Phone Number: _____

Reason for Referral:

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Death/Grief | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Emotional | <input type="checkbox"/> Self-Injurious |
| <input type="checkbox"/> Anxiety/Stress | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Suspected Abuse |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Gangs | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Health Concerns | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Sadness | <input type="checkbox"/> Social Skills |

Notes:

Please note 3 student strengths:

Previous interventions:

Please List: _____

- Yes No

Documented in PowerSchool _____
Date/Initial

Documented in Caseload Form: _____
Date/Initial

Parent/Guardian Permission:

- Accepted Declined
 Informed Consent
Reviewed/Received

Parent/Guardian Signature: _____

Date: _____

**Newman Crows-Landing Unified School District
Parent/Guardian Informed Consent**

Student Name: _____ **Grade:** _____ **School:** _____

Your permission is requested for your student to participate in counseling with the School Counselor and/or the Counseling Intern. It is the policy of the Newman Crows Landing Unified School District 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 may include:

- Individual Sessions
- Small Group Sessions
- Conflict Mediations
- Check-in/Check-Out (CICO)
- Classroom Presentations
- Crisis Intervention
- Community Referrals

Receiving counseling services at the school setting can positively impact your student by enhancing their academic, social, and personal development. The school counselor helps students become motivated learners, navigate social/emotional issues and encourages them to discuss concerns with trusting adults.

Parental Consent is needed to provide counseling services after an initial meeting with a student. There may be times in which a student may be seen without parental consent:

- A student is visibly upset and school personnel believe the student needs immediate attention
- A student makes a self-referral

Confidentiality is a key feature of the counseling experience. The information discussed during the counseling meetings will not be shared with anyone, except in situations required by law:

1. Reason to suspect the occurrence of child abuse or neglect
2. There is clear threat to do serious bodily harm to self and/or others
3. A court intervenes under court order
4. There is reasonable belief that the information is necessary for the safety of anyone in the school community- students, staff, teachers, administrators, etc.

Although the information shared during a counseling meeting is confidential, parents/guardians have the right to be informed about their child's general progress.

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.

I give permission for my child to receive school counseling services for the 2018-19 school year. I also understand I can revoke my consent at any time.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____