SFUSD MIDDLE GRADES
STUDENT CONSENT TO COUNSELING

Review the following categories prior to seeking Student Consent to counseling services.

CA Health & Safety Code § 124260 states that students 12 and older can consent to their own mental health treatment or counseling if the mental health professional determines that the student is mature enough to participate in the counseling or treatment intelligently. Parents/Guardians should be involved in the treatment or counseling, but first the mental health professional must consult with the student about the involvement to determine whether it would be appropriate. A student 12 years of age or older in SFUSD can consent to mental health services with an SFUSD school social worker or mental health trainee if the following steps 1-5 have been completed.

1. Verify student is 12 years old or older

Student Date of Birth from Synergy	_____/_____/_____

2. Determine if student is mature enough to participate in counseling

Is this student mature enough to intelligently participate in the counseling or mental health support?	☐ YES ☐ NO If yes, continue to next question. If no, **Stop.** Obtain signed SFUSD Parent/Guardian Consent to Counseling

3. Parent/Guardian Involvement

Consult with the student to determine if parent/guardian involvement would be appropriate.	☐ Yes, student was consulted If appropriate: Move to Question 4. If inappropriate: Move to Question 5

4. Parent/Guardian Involvement Deemed Appropriate

Contact the parent/guardian to notify that their child has consented to counseling and discuss opportunities for appropriate parent involvement in counseling. • Use the ***SFUSD Student Consent to Counseling*** *form* with student signature. • Place Signed SFUSD Student Consent form in Student CUM file. • Log date(s) and type of contact with parent/guardian in Daily Log.	First Attempt: Date of Contact _____/____/_____ Type of Contact: ☐ Phone ☐ In Person Second Attempt: Date of Contact ____/___/_____ Type of Contact: ☐ Phone ☐ In Person Date of Successful Contact (if applicable): _____ Record ALL Additional Attempts

5. Parent/Guardian Involvement Deemed Inappropriate

After consulting with the student, if you believe that the parent's involvement would be **inappropriate**, then do not notify the parent or involve them in the treatment.

- Use the ***SFUSD Student Consent to Counseling form*** with student signature.
- Signed SFUSD Student Consent form is kept in Student CUM file.
- Record reason why it is inappropriate to contact the minor's parent in **personal case notes.**

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School Name/Department: _____ **Contact Person: _____**

Title: _____ **Telephone: _____**

Minor/Student Consent

I would like to consent to participate in group or individual mental health counseling at my school. I can give my own consent to these services because I am 12 years old or older and seeking mental health services. I know that I can change my mind about getting services at any time.

I have been told that counseling services may be provided by an SFUSD clinical staff member or mental health trainee who is working toward graduate degrees in psychology, social work, marriage and family therapy.

Confidentiality and Sharing Information with Others

- I have been told about how information that I share in the counseling sessions is confidential.
- I must give written permission for this information to be shared with others.
- I understand that under the law, there are certain situations when information must be shared. For example, if there is a reasonable suspicion of child abuse, or if there is a threat to my physical safety, or if I threaten the safety of others.

I understand that the SFUSD clinical staff member:

- May share general information with school staff about whether or not I am getting counseling or group services and supports.
- May invite me to complete a brief survey to evaluate the effectiveness of counseling services.
- May share information about the type and frequency of the services used with program evaluators but will not share my name or other information that would identify me personally.

I understand and agree to the statements above, and consent to receive group and/or individual counseling services.

STUDENT NAME: _____ **DATE OF BIRTH: ____/___/____**

SIGNATURE: _____ **TODAY'S DATE: ____/___/____**