



7387 S. Campus View Drive
West Jordan, Utah 84084-5500
www.jordandistrict.org

STUDENT _____
PARENT/GUARDIAN _____
SCHOOL _____

DATE _____
GRADE _____

**PARENT PERMISSION FOR
COUNSELING SERVICES**

POSSIBLE ITEMS OF DISCUSSION

Under the Utah Code Sections 53E-9-202 and 53E-9-903 of the Utah Family Education Rights and Privacy Act, school district personnel are required to have your consent as parent or legal guardian, except in response to a situation which a school employee reasonably believes to be an emergency, or as authorized under Title 62A, Chapter 4a, Part 4, Child Abuse or Neglect Reporting Act, or by order of a court, if information is sought from your child concerning the following issues:

- a. political affiliations or, except as provided under Section 53G-10-202 or rules of the State Board of Education, political philosophies
- b. mental or psychological problems
- c. sexual behavior, orientation, or attitudes
- d. illegal, anti-social, self-incriminating, or demeaning behavior
- e. critical appraisals of individuals with whom the student or family member has close family relationships
- f. religious affiliations or beliefs
- g. legally recognized privileged and analogous relationships, such as those with lawyers, medical personnel, or ministers
- h. income, except as required by law

Depending on the nature of the presenting problem and concerns shared during an initial interview or counseling sessions by the student or parent(s), some of the issues listed above may be discussed. Your signature is evidence of approval for _____ (employee), _____ (position), to discuss one or all of these issues with your child, if the need arises. Information gathered in the interview will be used to formulate treatment considerations. Information gathered during the course of counseling will be integrated into the treatment program. The Utah Family Education Rights and Privacy Act requires a two-week waiting period prior to the student being interviewed, unless a parent waives this notification period. Your signature will allow us to waive this particular provision of the law and provide services to your child immediately. In addition, this permission is valid for the 20__ - 20__ school year unless one of the following occurs: (1) the student completes or withdraws from the course, activity, or program for which it was granted; or (2) a written withdrawal of authorization is submitted to the school principal by the authorizing parent or guardian.

Service providers have a responsibility to insure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situations that might occur. Information concerning life-threatening situations will be shared with the parent and appropriate school personnel. Information gathered from an interview or counseling sessions may be shared with the administrator or other school personnel only on a need-to-know basis. Information regarding a student's drug or alcohol use will be reported to the parent(s). State law requires that information suggestive of child abuse must be reported to the appropriate governmental agency.

Parents who would like additional information may contact _____ at _____ either prior or subsequent to the service being provided.

I give consent for my child to participate in counseling sessions and waive the two-week waiting period so that services may begin immediately. If the need arises, my child may discuss issues addressed by Section 53E-9-902 and Section 53E-9-203 with _____ (employee), _____ (position).

Signature

Relationship to Student

Date