

ATTACHMENT II

Consent for Mental Health and Social Services

I give permission for my child, _____, to receive school-based mental health and social services to be performed by the school-based mental health service coordinators and/or school-based social worker. Services may include, but are not limited to, participation in the following:

- YES NO **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
- YES NO **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
- YES NO **Mentoring** - Peer Helpers, Big Brothers/Big Sisters, and/or Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
- YES NO **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
- YES NO **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation
- YES NO **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting.

In the event of a mental health crisis, emergency services may be provided without prior parental consent. Efforts to notify the parent/guardian will be made and documented promptly if emergency intervention is required.

Parents, teachers, and students may make referrals for services through the school counselor or via the Scottsboro City Schools website. For additional information on programs and services offered, you may visit the school's website at scottsborocityschools.net or the Scottsboro City Schools Mental Health Facebook page. You may also contact Student Support Services directly at (256-218-2100).

This consent is valid for one year and may be revoked at any time by placing a request in writing to the following:

Dr. Deidra Tidwell Director of Human Resources/Student Services/Communications
Scottsboro City Schools Board of Education
305 South Scott Street
Scottsboro, AL 35768

In accordance with Alabama state law (Code of Alabama, Section 22-8-4), students, 14 years of age or older, may provide consent for services without notification or permission of parent or guardian.

Student Name (print): _____ Grade: _____

Student Signature: _____ School: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Please remove this page, complete the requested information, and return to your child's school.