

THE GADSDEN COUNTY SCHOOL DISTRICT

Educating Every Student Today, Making Gadsden Stronger Tomorrow

Elijah Key, Superintendent of Schools

35 Martin Luther King, Jr. Blvd Quincy, Florida 32351 Main: (850) 627-9651 or Fax: (850) 627-2760 www.GadsdenSchools.org

Introduction of services

(Gadsden County High School) is committed to providing quality education to its students. To achieve this goal, school staff or parents/guardians may refer students for counseling, or students may request counseling. The aim of the school counseling services is to help students have more effective education and promote overall social, emotional, and mental wellness. Possible counseling topics are coping with changes, depression, anxiety, self-esteem, grief, conflict resolution, study and social skills. These services are available at no cost. However, these services are not intended as a substitute for medication, psychological counseling or diagnosis, which are not the responsibility of the school.

Confidentiality

Because counseling is based on a trusting relationship between social worker and student, the school social worker will keep information confidential with some possible exceptions. We understand that the school social worker may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need-to-know basis, so that we may better help the child as a team. Under the following circumstances, the school social worker is required by law to share information with others.

- 1. Presenting information about hurting himself/herself or another person.
- 2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
- 3. Threats to school security
- 4. If school social work records are court ordered

<u>Contact</u>

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the school social worker, and the length of counseling sessions, please contact the school social worker at (850) 662-2300, ext. 2103, or Flovdm@gcpsmail.com.

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Ms. M. Floyd, JM RCSWI School Social Worker



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Counseling Consent Form

Please complete the following form below. The first page may be kept for your records.

Student(s) Name: _____ Grade(s): _____

I,	, am the legal parent/guardian of	I have
read, understand, and agree to	o the terms of the School Counseling	g Informed Consent. I give
permission for my child(ren),		, to receive counseling
services while attending at Ga	adsden County High School. I under	rstand that I may withdraw this
consent at any time by signir	ng and dating a written notice reques	sting termination of counseling
services.		

Parent/Guardian (Signature)_____

Date_____

Updated Contact Information:

 Home Phone:
 Cell Phone:

Home Address:

Email Address: