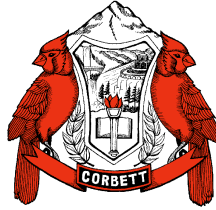


DEREK FIALKIEWICZ, EdD
Superintendent
JEANNE SWIFT
Assistant Superintendent
ROBIN LINDEEN-BLAKELEY
Deputy Clerk
Regina Sampson
Business Manager



35800 E. Historic Columbia River Highway
Corbett, Oregon 97019-9629

Administrative Office 503-261-4200
Grade School 503-261-4236
Middle/High School 503-261-4226
Fax 503-695-3641
CAPS 503-261-4294

**CORBETT SCHOOL DISTRICT
NO. 39**

2024-2025 Counseling Consent Form

I, _____, understand that my child _____ will be meeting with the school counselor on a regular basis throughout the school year. I understand that counseling services provided within the Corbett School District are short-term services aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

I understand that in order to build trust with the student, the school counselor will keep information confidential, with some possible exceptions. For example, as a mandated reporter, the school counselor is required by law to share information with parents or others in the event the student is in danger of harm to self or others. The school counselor will make the student aware of these limits to confidentiality and will inform the student when sharing information with others.

Because these services are typically provided to minor children in the school setting, I understand that the school counselor may share information with parents/guardians, the child's teacher, and/or administrators, or school personnel who work with the student on a need to know basis, so that they may better assist my child as a team.

I understand that if I would like the school counselor to share information with a third party, such as a therapist, community counselor, psychiatrist, social services worker, or doctor, an additional release of information will need to be signed.

Parent/Guardian Signature

Date

Phone Number

Email