

# Bronte ISD

## School Counseling Program

### Informed Consent

#### INFORMED CONSENT FOR SCHOOL COUNSELING SERVICES

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Dear Parent/Guardian,

This document provides important information about the counseling services offered at **Bronte ISD** and requests your informed consent for your child to participate. Please read this document carefully and feel free to ask any questions you may have.

#### I. Purpose of School Counseling Services

The school counseling program at Bronte ISD is an integral part of the school's educational mission. Our certified school counselors are trained professionals who provide support to students in three main areas, pertaining to TEC § 33.005:

- **Academic Development:** Helping students develop skills for academic success, explore post-secondary options, and plan for their future.
- **Career Development:** Guiding students in career exploration, understanding interests and aptitudes, and developing career goals.
- **Social/Emotional Development:** Assisting students in developing self-awareness, managing emotions, building healthy relationships, resolving conflicts, and coping with personal challenges.

Counseling services are typically short-term, solution-focused, and preventative in nature. They may be delivered through individual counseling, small group counseling, classroom guidance lessons, and consultation with parents/guardians, teachers, and administrators. Times and frequency may vary based on the needs of the student and/or the scheduling of their courses and activities. Parents are welcome to communicate with their school counselor about insights and/or concerns regarding scheduling.

#### II. Nature of Counseling Services

- **Voluntary Participation:** Student participation in counseling is generally voluntary. While school personnel may refer students for counseling, the decision to engage in ongoing counseling services rests with the student and, significantly, with their parent/guardian.
- **Confidentiality:** Confidentiality is a cornerstone of effective counseling. Information shared by your child in counseling sessions will be kept confidential by the school counselor, with the following exceptions:

# Bronte ISD

## School Counseling Program

### Informed Consent

- **Imminent Harm:** If the counselor believes your child is an immediate danger to themselves or others.
- **Abuse/Neglect:** If the counselor suspects child abuse or neglect, they are mandated by law to report this to Child Protective Services (CPS), according to Texas Family Code (TFC) §261.001 and §261.101.
- **Court Order:** If required by a court order.
- **Permission to Share:** With your written permission or your child's written permission (if they are legally able to provide consent according to their age).
- **Consultation:** In consultation with other school professionals (e.g., administrators, teachers) on a need-to-know basis to ensure your child's safety, well-being, or academic success, always with the aim of maintaining as much privacy as possible.
- **Supervision:** School counselors may discuss cases with their clinical supervisor to ensure the highest quality of care; in such instances, identifying information will be de-identified where possible.
- **Limits to Confidentiality for Minors:** As your child is a minor, you, as the parent/guardian, generally have the right to information regarding your child's counseling, unless otherwise stipulated by law (e.g., Texas Family Code, Chapter 32, which allows certain minors to consent to counseling without parental consent in specific circumstances, such as for chemical addiction, drug or alcohol dependency, or suicide prevention, and in such cases, confidentiality rules apply differently). The school counselor will discuss these limits with your child at the outset of counseling.
- **Counseling Methods:** Counselors utilize various evidence-based techniques tailored to the student's needs, which may include talk therapy, cognitive-behavioral strategies, play therapy techniques (for younger students), solution-focused brief counseling, and psychoeducation.
  - Program or Curriculum Title: \_Character Strong\_\_\_\_\_
  - Program or Curriculum Title: \_YAM (Youth aware of Mental Health)
  - Questionnaires and/or Surveys may be used at the discretion of the school counselor. The titles of these tools are listed below and may be found at Bronte ISD website
  - Questionnaire/Survey Name: Beginning and End of Year Counseling Survey

Parents have the right to view questionnaires/surveys prior to administering them to students. Questionnaires/surveys may be available; they may not necessitate use with all students.

### III. Parent/Guardian Involvement and Communication

We believe that a collaborative approach between the school, student, and family is crucial for student success.

# Bronte ISD

## School Counseling Program

### Informed Consent

- **Initial Contact:** You will be notified if your child is referred for ongoing counseling services, prior to initiation of services.
- **Updates:** The school counselor will communicate with you as appropriate regarding your child's general progress and any significant concerns, while respecting the boundaries of confidentiality.
- **Consultation:** You are encouraged to communicate with the school counselor to discuss your child's needs and progress.
- **Right to Decline/Withdraw:** You have the right to decline counseling services for your child or withdraw your child from counseling at any time. Please inform the school counselor in writing if you wish to do so.
- **Referrals to Outside Services:** If your child's needs extend beyond the scope of school counseling services (e.g., require long-term therapy, psychiatric evaluation, or specialized interventions), the school counselor will assist you with referrals to appropriate community resources.

#### IV. Records Management

- **Confidentiality of Counseling Records:** Counseling records are maintained separately from your child's academic record and are considered confidential. Access to these records is restricted to the school counselor and authorized personnel on a need-to-know basis, consistent with FERPA (Family Educational Rights and Privacy Act) and state law.
- **Retention:** Counseling records are retained according to district policy and state guidelines.

#### V. Counselor Qualifications

Our school counselors are certified by the Texas Education Agency and hold master's or doctoral degrees in school counseling or a related field. They adhere to the ethical guidelines set forth by the American School Counselor Association (ASCA) and the Texas State Board of Examiners of Professional Counselors.

#### VI. Emergency Procedures

In the event of a crisis or emergency situation (e.g., thoughts of self-harm or harm to others), the school counselor will follow established school and district crisis protocols, which may include notifying parents/guardians, school administration, and, if necessary, emergency services.

#### VII. Consent for Participation

By signing below, I acknowledge that I have read and understood the information provided in this Informed Consent document. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I may withdraw my child from any specified activity outlined in SB 12, TEC Chapter 1, Section 1, §1.007 and §1.009.

Bronte ISD  
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*Before deciding whether or not to give consent for participation in the Bronte ISD School Counseling program, please note that you have the ability to consult with the school counselor about any specific elements and withhold/decline without declining the entire program.*

If you wish to utilize this option, please contact:

**Jessica Riddle**  
**[jessica.riddle@bronteisd.net](mailto:jessica.riddle@bronteisd.net)**  
**325-473-2511 ext 119**

I **[GIVE / DO NOT GIVE]** (circle one) consent for my child,  
\_\_\_\_\_, to participate in the school counseling program at  
[School Name].

*\*This does NOT include any agreement regarding physical health services, psychological or psychiatric examinations or evaluations, and/or sexual education courses.*

I understand that this consent is valid for the current school year, and I have the right to revoke this consent at any time by providing written notification to the school.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Relationship to Student