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Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: Donald L. Bridge • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

School Counseling Informed Consent

School Counseling Services

CVUSD is committed to providing quality education to its students. The student's health and well-being are always the main priority. School counseling services assist students in meeting their full potential through academic, career, personal, and social development. As part of CVUSD's structured and coherent counseling program, students may be referred to, or request, counseling services. These services are provided at no cost. However, these services are not intended as a substitute for diagnosis or treatment for any mental health disorder.

Consent

School counseling is considered part of a school's general education program and is accessible to all students. As part of this general program, a school counselor may engage CVUSD students through a variety of strategies to promote and support:

- The school's discipline response system
- A school's safe and inclusive school environment
- All students' personal, social, and academic development

Written parent/guardian permission will be obtained prior to providing the following counseling services:

- Targeted small group counseling (school-based lessons)
- Short-term individual counseling (school-based)
- Development and implementation of individualized behavior supports and interventions following evaluation of a student's needs

Referrals

All stakeholders including parents/guardians, students, school staff, and administrators may make referrals for school counseling services through a Request for Support Form. Request for Support forms are located on your school site's website.

Confidentiality

Small group and individual counseling services require parent or guardian consent prior to student participation. School counselors adhere to California Education Code § 49602.

Contact

If you have any further questions about the information on this form or specific questions regarding counseling services, please contact the school site counselor or the Health Services office by calling (909) 628-1202 Ext. 8918.

Parent Permission for MTSS-B Counseling

Print Student First and Last Name

Student Grade Level

Student PERM ID Number

Your student has been identified to receive support from the MTSS-B Counselor at: _____
School

No STEP/SST meeting was held.

STEP/SST/504/IEP meeting was held on _____, please review STEP/SST/504/IEP documentation for more information.

MTSS-B Intervention

School-Based Counseling

Your student will be participating in:

- Short-term Individual Counseling (6-10 sessions, 30-minute sessions)
- Tier 2 Small Group Counseling (6-10 sessions, 30-minute sessions)
- Tier 3 Behavior Focus Plan with Individual Coaching (10-12 sessions, 30-minute sessions)
- Tier 3 Small Group Counseling (10-12 sessions, 30-minute sessions)

MTSS-B counseling is a non-therapeutic, curriculum-based support that focuses on skill-building to support the success of the student in the school setting. The MTSS-B Counselor will work in partnership with your student's teacher(s). Therefore, feedback will be gathered as to how the student is demonstrating learned skills during the counseling sessions and in the instructional setting. You will receive a summary at the end of the intervention from the MTSS-B/K-12 Intervention Counselor informing whether the student met the expectation or if continued support is recommended.

I give permission for my student to participate in the above selected MTSS-B intervention.

Yes

No

Print Parent/Guardian First and Last Name

Parent/Guardian Signature

Date

MTSS-B Counselor Contact Information

Name: _____

Email: _____

Phone: _____