

## Madeleine Choir School Counseling Consent Form

To the Parents/Guardians of \_\_\_\_\_:

Your child has requested/been referred for counseling services to work on the following skills/issues:

\_\_\_ Processing recent school stressors                      \_\_\_ Concerns about schoolwork or grades  
\_\_\_ Issues with teachers or friends                      \_\_\_ Feelings of worry or frustration  
\_\_\_ Other: \_\_\_\_\_

Counseling sessions with \_\_\_\_\_ will be available for a mental health screening session(s) with your child on:

Services are being provided by second-year master's and doctoral students through the University of Utah School Psychology Program under the supervision of Janiece Pompa, PhD, Licensed Psychologist, in conjunction with support from The Madeleine Choir school. Sessions may be ended at any time by your child. It is important that you understand that this is counseling and guidance only, and not psychotherapy. Information shared by your child will not be shared with others unless there is evidence that your child is in danger of harming him/herself or someone else, your child is being harmed by an individual, physical or sexual abuse is disclosed or if there is an intent to commit significant property damage. If it is determined that your child might benefit from ongoing psychotherapy, you will be notified and a referral list provided to you.

Please return this consent form as soon as possible. If there are any questions, please contact me through the Madeleine Choir School.

Sincerely,

Greg Glenn

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I have read and understand these services. I give permission for my child to participate in these counseling services at The Madeleine Choir School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_