



Consent for Individual Counseling

Division of Psychological Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 339-1
October 2015

Student Name _____ Date of Birth ____/____/____ MCPS ID# _____

Name of School _____ Grade level _____

Parent/Guardian Name _____ Contact Phone No. ____-____-____

The school psychologist can provide counseling to students with permission from the parent or guardian. Many students improve their school performance and attitude towards school by taking part in counseling sessions. These sessions are not intended to replace the need for non-school based counseling services. Information disclosed by the student during counseling sessions is not typically revealed to anyone else, except under certain circumstances (for example, evidence that a student is a threat to themselves, others, or property).

Please sign and have the student return this consent form. This consent for counseling is valid for one school year. Student participation in counseling is strictly voluntary and parent consent to provide counseling to the student may be withdrawn at any time. Parents/guardians are encouraged to contact the school psychologist to keep informed about their student's progress.

Thank you for your support in helping your student succeed at school.

I **do** give permission for _____ to receive counseling services from the school psychologist.
(Name of Student)

I **do not** give permission for _____ to receive counseling services from the school psychologist.
(Name of Student)

Parent/Guardian (Signature) _____ Date ____/____/____

School Psychologist Name (Print) _____

School Psychologist (Signature) _____

Psychologist's contact telephone number ____-____-____