



Consent for Group Counseling

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

MCPS Form 339-2
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 group counseling to students with permission from the parent(s) or guardian(s). These counseling sessions are designed to teach skills to help students be more successful in their academic and social environment. Many students may improve their school performance, attendance, and attitude towards school by taking part in group counseling sessions. Self-help issues developed in these groups often include coping strategies, stress management, problem solving, and social skills. These sessions are not intended to replace non-school based counseling that you may arrange for the student.

Students will be strongly advised to keep the information shared by others during the sessions confidential. Information disclosed by the students during group sessions is typically not revealed to anyone else by the group leader, 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 group counseling is valid for one school year. Student participation in counseling is strictly voluntary and consent may be withdrawn by the student's parent(s)/guardian(s) at any time. Parents are encouraged to contact the school psychologist to keep informed about the student's progress.

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

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

I **do not** give permission for _____ to receive group 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 ____-____-____