



EAST RUTHERFORD PUBLIC SCHOOLS
 School Counseling Services
 100 Umland Street
 EAST RUTHERFORD, NEW JERSEY 07073

Mr. James Wagner
 School Psychologist/School Counselor
 McKenzie School
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Ms. Shanelle Muse
 School Counselor
 Alfred S. Faust School
 smuse@erboe.net

COUNSELING PERMISSION FORM

Student's Name _____ School _____ Grade Level _____

Address _____

Phone numbers (H) _____

(W) _____

(C) _____

School-based counseling services are provided by a certified school counselor/related personnel who is employed by East Rutherford Public Schools. Certified school counselors are credentialed by the State of New Jersey and possess a Master's Degree in Counseling or related field.

Counseling services provided by certified school counselors are short-term, solution-focused and are not intended to replace the services offered by external Licensed Clinical Counselors. However, these services are designed to assist the student in removing the barriers that are interfering with their learning and to increase their education and socialization within the Alfred S. Faust community. The topics discussed during sessions will be guided by the student and may include conversation regarding academics, personal issues, social/peer interactions, family/home life, high school/college/career advisement, mental health, social media, or other relevant topics. The format of the session may take the form of either six, 30-minute, individual sessions or six, 30-45 minute, small-group sessions, depending upon the student's needs.

In addition to meeting with the student, the school counselor may use assessments to assist in the development of counseling plans or interventions that may be used to benefit the student in or out of the classroom. These assessments are not used to form a diagnostic conclusion nor will they be used as a determining factor of a diagnosis. The information gained from these assessments can be shared with the parents/guardians of the student, should it not breach confidentiality, and will be done-so at the discretion of the school counselor. The purpose of sharing that information would be strictly to best support the student's needs.

In order to build trust and rapport with a student, the school counselor will keep information confidential with the exception of the following:

- The student reveals information about harm to themselves or another person
- The student reveals information about any form of abuse
- The school counselor's records are subpoenaed by the NJ court system

Parent/Guardian Acknowledgment

I (parent/guardian name) _____ give permission for (student name) _____ to see _____, the School Counselor at Alfred S. Faust School/McKenzie School, for counseling. I understand that counseling will occur as needed, and that all information shared during counseling sessions is considered confidential except for the above-mentioned exemptions. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I understand that the school counselor may share information with me, the student's parent/guardian, the student's teachers, school administrators and/or related school personnel who work with the child, on a need-to-know basis, so that we may better assist the child as a team. I grant the school counselor permission to share information, gained during counseling sessions, with third parties to include external, community counselors, psychiatrists, social services workers, pediatricians or New Jersey State organizations, should she be asked and/or required to.

I acknowledge that although effort will be made for my child to not to miss any academic subjects, there may be occasions when this is unavoidable. However, I understand that teachers are always informed of when my child will miss his/her class, and he/she is not taken out on a day when there will be a test. I acknowledge that my child will attend counseling sessions and will do so voluntarily and is expected to make up any missed schoolwork.

Service(s) Offered: School-Based Individual and/or Small-Group Counseling

____ Yes, I give my informed consent for my child to participate in school-based counseling services at Alfred S. Faust School/McKenzie School.

____ No, I do not give permission for my child to participate in school-based counseling services at Alfred S. Faust School/McKenzie School at this time, but I am aware that I can contact the school counselor at any time to seek out these services for my child.

Parent/Guardian Name (printed): _____

Parent/Guardian Name (signature): _____

Date: _____

School Counselor (signature): _____

Date: _____