



ESU 8 Therapy Consent Form

The following are guidelines to allow students the opportunity to receive private mental health and behavioral support at school while ensuring compliance with District policies and procedures.

- Therapists may not provide ongoing private therapy to students at school without prior written consent of the parent/guardian of the students served.
- Services may include observation, brief interaction, and/or assessment as well as only necessary communication with school personnel to meet educational needs.
- The therapist must have agreed to adhere to school practices, rules and guidelines.
- A student's time out of the regular educational program to receive private therapy services is to be limited as much as practical in the best interests of the student.
- The therapist, parent, and child will agree to and follow rules of confidentiality.

Confidentiality

Because counseling is based on a trusting relationship between counselor and student, the school psychologist or therapist will keep information confidential with some possible exceptions. We understand that the school psychologist or therapist may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the child as a team.

Under the following circumstances, school personnel are required by law to share information with others.

1. Presenting information about hurting himself/herself or another person.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect.
3. Threats to school security.
4. If counseling records are court ordered.

****In emergency situations, please call the local crisis number corresponding with your county of residence.**

Region 4: Northeast Nebraska

- Antelope, Cedar, Cuming, Knox, Madison, Pierce, Stanton Counties: 888-370-7003
- Boone, Colfax, Nance, Platte Counties: 866-758-4749
- Boyd, Brown, Cherry, Holt, Keya Paha, Rock Counties: 877-488-9928

Region 3: Central Nebraska

- Adams, Clay, Franklin, Nuckolls and Wheeler Counties: 402-463-5684
- And Wheeler Counties: 800-515-3326

Consent to Receive ESU 8 Services in School

I understand the foregoing conditions and consent to my child (_____);
Date Of Birth: _____) receiving mental health services.

Parent/Guardian Signature

Date

Parent Address and Phone: _____ Revised 4/20

Parent Email: _____ *A copy of this form will be mailed or emailed to parent/guardian.