

**Paul G. Blazer High School
School Counseling Department
Ashland Independent Schools
606.327.6044
Fax: 606.327.2774**

**Jeffrey S. Carroll, Counselor (A-J)
Beth Ingram, Counselor (K-Z)
Shawn Crump, School Social Worker**

School Counseling Information and Informed Consent Agreement

Dear Parent,

Our counseling program is centered on the standards established by the National Comprehensive Counseling Model as developed by the American School Counselors Association (ASCA). You will continue to see positive changes in the school-counseling program as we work toward full implementation of the National Model. Your input is valued and necessary as we complete this process.

Currently our program delivers services that focus on the three major components of school counseling as defined by ASCA National Model. Those three areas of concentration are:

1. Academic Success
2. Social/Emotional Development
3. Career Development

Our program is constructed to address these three areas with large group activities, volunteer and compensated presenters, classroom lessons, and activities through our Individual Learning Plan Program. Your child may also receive individual services on a limited basis.

Throughout the school year we may contact you regarding your child's academic progress, an immediate need, or anytime that your assistance is needed in meeting the needs of your child. Our department is not capable of long-term individual services and should it be determined that your child may need long-term counseling services the appropriate referral would be made and you will be contacted.

Our schedule is free during the mornings from 7:50 – 8:30 and we ask that students make every effort to see us for any concerns at that time. Students are not dismissed from classes without prior approval to visit the school counselors. We are also available during the lunch period for quick consultations and after school from 3:25 – 3:45. We would ask that you call in advance to set up an appointment, as we may be out of our office presenting curriculum or conducting activities related to our program. If you need a late appointment please call to set that up. Our school social worker is available only to students that have a referral and establishes his schedule based on caseload and student needs. He is available for parent consultation by appointment.

As established by our procedures assigned school counselors are to assist in crisis intervention, provide short term counseling sessions to solve pending issues, assist in student course selection and academic counseling, and are responsible for developing and delivering a counseling curriculum that meets the needs of our students. Counselors are not available to testify in court for personal matters, conduct psychological evaluations, or to provide assessment that may lead to mental or physical diagnosis. In matters where a mental or physical problem may be suspect an appropriate referral will be made to any or all of the following:

1. District Clinical Social Worker
2. Assigned Mental Health Counselor
3. Appropriate Community Agencies

Should a school counselor (social worker) ever feel the need to make a referral you will be contacted and informed of the situation.

School counselors as provided by Kentucky Law are granted privileged communication in many instances. With this in mind we will make contact with parents as necessary to provide for the safety and well being of our students. Privileged communication is not protected in instances when abuse is suspected, there is a potential for harm to self, or a potential to harm others. In these instances the appropriate agencies will be contacted and parent/guardian notified of the actions taken.

Also along the lines of confidentiality, is the likelihood of your child discussing personal and private information with their counselor as needed. In instances where the student is a minor the law clearly protects your parental right to know what issue your child is receiving counseling for. We would ask that you allow your child some degree of privacy in confiding in their assigned counselor and ask your permission to only relate to you the overall issues that we may be addressing with your child as opposed to revealing specifics, unless necessary for the safety reasons noted above. This degree of cooperation, we feel, is necessary to allow the student to receive the full benefit our counseling services.

We would ask that you allow your student to participate in our school-counseling program on a regular basis. If you have any questions concerning curriculum, procedures, or policies please feel free to call our department. Should you have a concern or grievance that we can't address please contact the school principal @ 606.327.6040.

Your signature on the following page constitutes your agreement to allow your child to participate in our program as described. Thank you for your time and we look forward to working with you and your child.

Sincerely,

Jeffrey S. Carroll, M. Ed.
School Counselor

Beth Ingram, M. Ed.
School Counselor

Shawn Crump, MSW
School Social Worker

Informed Consent Agreement

Printed Name of Student: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____