

Informed Consent for Counseling

Jon Stackhouse, Drexel R-IV School Counselor, is currently working on obtaining the credential through the state of Missouri as a Licensed Professional Counselor (LPC). In doing this must work under the supervision of a current LPC. Dr. Nancy Forth, National Certified Counselor, Licensed Professional Counselor, and professor at the University of Central Missouri, will be supervising Jon Stackhouse over the next two years. During this time, Jon Stackhouse will be conferring with Dr. Forth and sharing information obtained during counseling sessions with students. Jon Stackhouse may also videotape counseling sessions, with prior written approval of the parent/guardian.

It is important that both parents/guardians and students understand that a critical part of the counseling relationship is the establishment and maintenance of a trusting and confidential relationship between the counselor and student. Jon Stackhouse requests that the parent/guardian honors the counselor/student privilege of confidentiality and know that the counselor will always encourage a strong line of communication between the student and his/her parents/guardians, teachers and other stakeholders in the student's life. All sessions will remain confidential except when certain legal restrictions arise and confidentiality cannot be maintained. These cases include: (a) any form of child abuse (neglect, physical, and/or sexual), (b) danger to one's self (i.e. suicide, self-harm), and (c) danger to others.

It is important that students and parents/guardians have read and understand the above statements regarding the counselor's supervision and work with Dr. Nancy Forth, confidentiality and counseling. Parents/guardians are always encouraged to contact Mr. Stackhouse to talk about their child, as a parent/child/counselor partnership is an important part of the counseling process.

I understand that by signing this form and returning it to the school, I wish for my child, _____, to participate in counseling and if at any time my child or I would like to stop counseling services at Drexel R-IV School District, we will contact Mr. Stackhouse in person or in writing to request these services.

Name of student: (print) _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature: _____ **Date:** _____

If you have any concerns about the counseling your child is receiving, please contact my supervisor (Dr. Nancy L.A. Forth) by email at forth.nancy@yahoo.com or by phone at 660.238.0883.

Please sign and return ONLY if you do NOT wish for your child to meet with Jon Stackhouse, School Counselor. By signing, you are stating that you do not want your child to be a part of the school counseling program at Drexel R-IV School District.

Name of Student (print) _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature: _____ **Date:** _____