

Orange County Department of Education Alternative, Community, and Correctional Education Schools and Services

PERMISSION FOR COUNSELING AND RELATED SERVICES

In an effort to maximize a student's success in the academic setting, counseling and a variety of other opportunities and programs are made available to students enrolled in the Alternative, Community, and Correctional Education Schools and Services (ACCESS). This form grants permission for these services at no cost to you.

Individual and group counseling services may be available by a licensed Marriage and Family Therapist (MFT) or a Licensed Clinical Social Worker (LCSW). Masters level professionals and graduate student interns, under the supervision of licensed personnel, may also provide counseling for the students. Information discussed in counseling sessions will remain confidential except those issues mandated by law to report, for example, incidents of child and elder abuse as well as thoughts and plans of suicide and homicide.

| homicide. | |
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| I do ☐ I do not ☐ give permission for my child/myself to receive individual services. | dual and/or group counseling |
| | |
| Parent/Guardian Signature | Date |
| Other opportunities and programs may include counseling for family plant transmitted disease awareness and prevention, life skills, self esteem, and s | ning, HIV/AIDS and sexually sex education. |
| As a parent/guardian, you have the right to review sex education and other presented to you/your child. | educational materials to be |
| I do I do not give permission for my child/myself to participate in education. | courses which include sex |
| | |
| Parent/Guardian Signature | Date |
| It is the policy of the Orange County Department of Education to work clo families to address student needs. It has been our experience that working for positive growth and change. Occasionally, you/your child may be requ surveys on a variety of topics. | together provides the best avenue |
| I do I do not give permission for my child/myself to participate in o | opinion surveys. |
| Parent/Guardian Signature | Date |
| Student Signature – I have read and understand all of the above. | Date |