



ORANGE COUNTY DEPARTMENT OF EDUCATION  
SAFE SCHOOLS AND SUPPORT SERVICES

**PERMISSION FOR COUNSELING AND RELATED SERVICES**

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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/ or group counseling services may be available by a Licensed Marriage and Family Therapist (MFT), Licensed Clinical Psychologist (PsyD.), Licensed Drug and Alcohol Counselor, or a Licensed Clinical Social Worker (LCSW). Masters level professionals and student interns, under the supervision of licensed personnel, may also provide services 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.

- I give permission for my child/myself to receive individual counseling, group counseling, and/ or related services (case management/ conjoint therapy).
- I do not give permission for my child/myself to receive individual counseling, group counseling, and/ or related services (case management/ conjoint therapy).

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature-I have read and understand all of the above. \_\_\_\_\_  
Date

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It is the policy of the Orange County Department of Education to work closely with individual, parents, and families to address student needs. It has been our experience that working together provides the best avenue for positive growth and change. Occasionally, you/your child may be requested to complete opinion surveys on a variety of topics.

- I give permission for my child/myself to participate in opinion surveys.
- I do not give permission for my child/myself to participate in opinion surveys.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature-I have read and understand all of the above. \_\_\_\_\_  
Date