



Wraparound Experts

7100 East Pleasant Valley Road, Suite 107, Independence, OH 44131 • 216-606-9328 • wraparoundexperts.com

Consent for Evaluation and Counseling Services

Student Name: _____ **Grade:** _____

School Name: _____ **Date:** _____

Introduction of Services:

Wraparound Experts offers evaluation and counseling services to students on an as needed basis. Our team includes individuals licensed in counseling, psychology, school psychology, and social work. These professionals provide services that aim to create more effective educational experiences of students in the school community. Students who engage in evaluative and/or counseling services may learn ways to further develop their coping, stress management, problem solving, social, and educational skills.

A brief description of the proposed services for the student:

Personnel who would provide the proposed services:

- Licensed Counselor: _____
- Licensed Psychologist/School Psychologist: _____
- School Psychologist Assistant/Supervising School Psychologist: _____
- Licensed Social Worker: _____

Confidentiality:

Information disclosed by the student during participation in the evaluation and counseling services provided by Wraparound Experts will remain confidential except when certain legal restrictions arise and confidentiality cannot be maintained. These legal restrictions include the following: student discloses information regarding harm to self or others, student provides evidence or disclosure of abuse or neglect, student discloses threats to school security and safety, and/or student's evaluation or counseling records are subpoenaed by a court.

Consent:

Written consent for evaluation and counseling services through Wraparound Experts is valid for one school year. Student participation in these services is strictly voluntary, and consent may be withdrawn by the student's parent(s)/guardian(s) at any time. Parents/guardians are encouraged to contact their student's School Counselor, Psychologist, or Social Worker with any questions about the student's progress in these services.

Before signing and returning this form, parents/guardians may contact either party listed below to obtain additional information about the proposed evaluation and/or counseling services for their student:

Person Initiating Referral: _____

Email Address: _____

Provider/Licensed Provider: _____

Provider/Licensed Provider Email Address(es): _____

School Phone Number: _____

Written Consent:

I, _____, am the legal parent/guardian of _____.
I have read, understand, and agree to the terms of the aforementioned evaluation and counseling information.

Please Check One:

- I give permission for my child to participate in evaluation and/or counseling services through Wraparound Experts during the present school year from the aforementioned staff members. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of these services.
- I do not give permission for my child to participate in evaluation and/or counseling services through Wraparound Experts at this time. I understand that I may request evaluation and/or counseling services at a later date if needed.

Parent/Guardian Signature

Date

Licensed Provider Signature

Date Received