**Student Support Services:**

**Counseling Information**

From Rachel Wides, Homestake Peak School Counselor

*If your child is referred to the school counselor, the very word “counseling” may make it sound like a mysterious process. It isn’t! Counseling is a relationship built on Confidentiality and Trust—student trust, parent trust, teacher trust. Adequate information is the foundation of trust—all involved must have information about the limits and processes of counseling. The following information describes the overall process of counseling.*

**How students are "selected" for counseling:** Students may be referred to the School Counselor (SC) for individual and/or small group counseling by their parents or guardians, school faculty and staff, a concerned friend, or themselves. When a referral is received, the SC possibly meets with the student and/or the classroom teacher and/or parent/guardian to determine the next steps.

**Who provides the counseling?** Counseling is provided by the school counselor, Rachel Wides, or a community partner program facilitator, which will be specified by the school counselor. Rachel Wides has a Master’s degree in Social Work with an emphasis in School Social Work; in addition, Ms. Wides has a State certified School Social Work Professional License.

**Counseling for your child is voluntary.** It is your choice to consent to or decline counseling for your child.

**What counseling for your child will involve:** Counseling may include small group or individual sessions. During the sessions, your child and I will work together to help him or her understand the problem, the present and future consequences, develop goals for change and a plan of action for change. A variety of activities will be used, e.g., writing, role-play, art, focused discussions.

**Sharing of Information**: Trust is the basis for effective counseling. The ethical guidelines of the American School Counselor Association emphasize the importance of confidentiality between school counselors and students at the same time recognizing the rights of parents. As a parent or guardian, you must trust that I will “take good care of” one of your most prized possessions. Your child must know and trust that, what is shared with me will stay with me unless he or she gives me permission to share information, or, as a Mandated Reporter, if I suspect child abuse, if he or she is in danger of hurting himself or herself, or poses a danger to others.

**Confidentiality:** Trust and confidentiality work together. Counseling records do not become apart of the student’s permanent record except as required by school policy. We may indicate that a student was seen by the school counselor; however, the topics discussed are not included unless required by the school board policy. The requirements of the Family Education Rights and Privacy Act (FERPA) are enforced—information will not be released to anyone outside our school without your written permission. I may talk with the classroom teacher about how he or she can help your child in the classroom; however, specific information will not be shared.

**Possible outcomes**: Through counseling, your child may be taught strategies to help him or her make more effective and healthier decisions, increase the ability to set and reach goals, build better relationships with others, and be more successful in school. We all must realize that changes take time; his or her problem did not develop overnight, nor will it disappear overnight. Counseling will be successful when students, school counselors, teachers, and family members work as partners.

**Cost:** There is no cost to you for any of the counseling your child receives as a part of Homestake Peak Student Support Program.

**My contact information is: Student Support Office: Room 218**

**School Phone: 970.569.5103**

**School E-mail:** [**rachel.wides@eagleschools.net**](mailto:rachel.wides@eagleschools.net)

**Please contact me if you want more information or have ideas about how we can better help your child.**

**Rachel Wides, MSW**

**Student Support Services**

**School Counselor**

**Student Support Services**

**Informed Consent Form**

I have read and understand the information provided by the School Counselor and have had an opportunity to ask questions about counseling.

\_\_\_ **I consent** for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in counseling.

(please print child’s name)

I understand that participation is completely voluntary and that classroom requirements take precedence over participation in counseling.

\_\_\_ **I do not consent** for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in counseling.

(please print child’s name)

Parent/Guardian Name: (please print)

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Parent/Guardian Signature : Date:

*Please return this form to Student Support Services Rm. 218, or the Main Office by \_\_\_\_\_\_\_\_\_.*

**For School Counselor Use Only:**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**