MUSCLE SHOALS CITY SCHOOLS **Opt-in for Mental Health Services & Ongoing School Counseling Services**

| PRINT CHILD'S NAME: | GRADE: |
|---------------------|--------|
| TEACHER/HOMEROOM: | |

I acknowledge receiving the annual notification of School-Based Counseling, Mental Health Services, and Ongoing School Counseling Services provided by the Muscle Shoals City Schools.

As of the date of my signature below, my child (named above) is under the age of 14 yrs. old:

- Yes
- \square No

If No, stop here. This form is not necessary for children 14+ years of age.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health services and/or ongoing school counseling services requiring a mental health therapist or other mental health therapeutic license if deemed necessary and appropriate by school personnel.

[must check the box for each mental health service you want to be available to your child]

- □ Individualized or group ongoing counseling and/or therapy provided by mental health therapists or other licensed mental health professional(s)
- □ Formal assessments/surveys administered by licensed mental health professionals includes questionnaires provided to students related to social behaviors, feelings, etc.
- **Crisis intervention** immediate assistance by a mental health professional for a specific situation (unless immediate intervention is needed to safeguard the health and safety of the student or others).
- **School-Based Mental Health** Ongoing counseling services that are therapeutic in nature by school professionals or private practitioners in the school setting. [Note: Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.]

You may rescind permission for a student to participate in mental health services or ongoing school counseling services at any time by providing written notice to the school administration.

PARENT SIGNATURE: _____ DATE: _/_/__