



400 Heritage Ave., Castle Rock, Co 80104
Phone: 303-387-5159
Fax: 303-387-5151
Attendance: 303-387-5152

Peter Mosby, Principal
Julie Roach, Assistant Principal

CONSENT FOR SCHOOL COUNSELING SERVICES

Student's Name: _____

Teacher Name/ Grade: _____

I give permission for Dawna McKnight, RRE School Counselor, to see my son/daughter for school counseling support. I understand that the purpose of counseling is to enhance my child's academic, social, and emotional performance. Counseling services may involve a variety of approaches such as skill teaching, solution-focused problem solving, and/or educational intervention. Topics of counseling may include social skill development, self-regulation, emotion regulation, conflict resolution, coping strategies, problem solving, and decision making. Counseling may be individual or in a small group.

I understand that counseling involves the sharing of personal information and that this information is confidential. School mental health staff members maintain confidentiality in accordance with ethical principles and law in a manner similar to a doctor. There are legal exceptions to confidentiality that primarily arise when there are safety concerns (e.g., child abuse or neglect, serious threats to harm oneself or others, etc.). I understand that the purpose of confidentiality is to establish trust and encourage the sharing of information that can be used for personal growth.

I understand that counseling services will be provided during school hours and may be withdrawn by me in writing at any time.

Dawna McKnight, Rock Ridge Elementary School Counselor
Dtmcknight@dcsdk12.org
303-387-5163

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Phone Number: _____

Parent/ Guardian Email: _____