**J. S. Abrams Elementary School**

**1200 23rd Street North Bessemer, AL 35020 (205) 432-3100/(205) 432-3147**

**Adolescent Informed Consent Form**

**Dear Parent(s)/Guardian(s):**

Your child has been referred to receive counseling services at school. We appreciate any consideration you may give to this type of assistance for your child. If you would like your child to receive counseling services, please complete, sign and return the enclosed papers to school. These forms must be signed each year for your child to continue counseling.

The following are explanations of each form provided:

**Parental Informed Consent**: This form allows your child to participate in counseling.

**Problem Checklist**: This is a form which helps us to identify what specific areas that you and you and your child wish to work on in counseling. It also identifies your child’s strengths.

I always enjoy hearing from parents. Please call me with any questions, concerns, or progress that you may wish to hear about or report.

Sincerely,

J. Dudley

*School Counselor*

**J.S. Abrams Elementary School**

(205) 432-3100

jadudley@bessk12.org

**J. S. Abrams Elementary School**

**1200 23rd Street North Bessemer, AL 35020 (205) 432-3100/(205) 432-3147**

**Parent/Guardian Informed Consent Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am fully aware of all the circumstances of my son’s/daughter’s participation in counseling services, and I give the school my informed consent to provide these services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date

**Information will be treated confidentially.**

\*\*\*Confidentiality shall NOT be maintained where there is:

* Reason to suspect the occurrence of child abuse or neglect
* Where there is clear threat to do serious bodily harm to self and/or others
* Where a court intervenes under court order

J. Dudley

*School Counselor*

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**Concerns Checklist for Parents**

|  |  |
| --- | --- |
|  | Feels sad, often tearful |
|  | Diminished pleasure in activities |
|  | Weight loss/gain |
|  | Difficulty sleeping |
|  | Loss of energy |
|  | Feelings of worthlessness |
|  | Difficulty making decisions |
|  | Thoughts or statements of wanting to die |
|  | Makes careless mistakes |
|  | Follows directions poorly |
|  | Difficult maintaining attention |
|  | Fails to finish tasks |
|  | Often loses things |
|  | Trouble remembering things |
|  | Easily distracted difficulty sitting still |
|  | Often “on the go” |
|  | Difficulty waiting for a turn |
|  | Wants to boss others |
|  | Initiates fights, bullies others |
|  | Has been physically cruel to people |
|  | Has been physically cruel to animals |
|  | Takes things that doesn’t belong to him/her |
|  | Starts fires |
|  | Lies often |
|  | Destroys property |
|  | Swears and/or name calls |
|  | Unpredictable behavior |
|  | Loses temper easily |
|  | Argues with adults |
|  | Refuses to comply with rules |
|  | Denies responsibility for actions |
|  | Easily annoyed |
|  | Often angry and resentful |
|  | Birth of sibling |
|  | Witnessed violent act |
|  | Has been sexually abused |
|  | Repetitive play |
|  | Frequent nightmares |
|  | Diminished interest in activities |
|  | Has many fears |
|  | Difficulty concentrating |
|  | Irritability or anger outbursts |
|  | “walking on egg shells” |
|  | Clings to parent |
|  | Distress when separated from parent |
|  | Refusal to go to school |
|  | Need to sleep with parent |
|  | Reluctant to be alone |
|  | Repeated physical complaints |
|  | Bedwetting |
|  | Soiling |
|  | Worries excessively |
|  | Prefers to play by self |
|  | Withdraws from group activity quickly |
|  | Shyness |
|  | Has difficulty expressing self |
|  | Upset if makes mistakes |
|  | Feelings easily hurt |
|  | Talks bad about self |
|  | Blames self if things go wrong |
|  | Loss of a parent |
|  | Divorce |
|  | Parent in jail |
|  | Loss of a family member |
|  | Loss of animal |
|  | Recent move |
|  | Illness of family member |

Please list at least THREE strengths of your child:

What is your view of the problem/concern?

What time are you available to talk with your child’s counselor?