

Acknowledgment Forms Section – Requiring Signatures

Annual Notification Regarding School Provided or Sponsored Mental Health Services

Mental Health Services

The school system provides or sponsors the following mental health services.

1. **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health** - On-going counseling services 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.

Review of Materials

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal.

Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. **If you would like the school system to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

Parent of students with disabilities: Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan. Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.

OPT-IN FOR MENTAL HEALTH SERVICES

As of the date of my signature below, my child, _____, is under the age of 14 years old:

- ☐ Yes
☐ No

If No, stop here.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health services:

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

- ☐ **Check this one box to include all services listed below** or check individual services.
- ☐ **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
- ☐ **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
- ☐ **Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
- ☐ **Assessments/Surveys** – includes questionnaires provided to students related to social behaviors, feelings, etc.
- ☐ **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
- ☐ **School-Based Mental Health** - On-going counseling services 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 at any time by providing written notice to school administration

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)

Date: _____