

## CONSENT FOR CONSENT FOR ACCESS TO COUNSELING SERVICES AT OLSS & MENTAL HEALTH SCREENING

Our Lady Star of the Sea School understands the importance of social, emotional, and mental well-being and will be offering a free mental health screening for students in grades 4-8 and in house counseling services in coordination with St. Jerome's Counseling Program, Caitlin Langreich M.A., LCPC, CCTP *Mental Health Therapist*

### Information about counseling access:

- Students will have access to an in school counselor to address various needs related to their mental, emotional, social, and spiritual well-being.
- Students learn to talk about their social/emotional/mental health, which is a valuable life-long skill
- Students counseling sessions are not shared or stored with academic records
- Students, parents, and staff may reach out to refer a student to speak with a counselor. A consent form must be completed prior to initiation of services.
- Parents or guardians will be contacted by St. Jerome's Counseling to set up a profile in their client portal and will email the necessary paperwork. Once the paperwork is completed Caitlin can then set up an appointment with your child during school hours.

### Information on screening:

- Students complete a brief questionnaire about their health, feelings and behaviors in a confidential setting utilizing the Center for Epidemiological Studies Depression Scale for Children.
- Students results on the screening are not shared with staff members or stored with academic records
- The results of the screening will be given directly to the school nurse or school therapist for review
- Parents or guardians are only contacted if the screening reveals potential needs regarding your child's social/emotional/mental health
  - Students will have access to in house counseling services in coordination with St. Jerome's Counseling Program, Caitlin Langreich M.A., LCPC, CCTP *Mental Health Therapist*

Every student in grades 4-8 has the opportunity to participate in an educational session regarding mental health. Parental consent is required for the child to participate in the mental health screening and counseling.

Please initial one of the following:

\_\_\_\_ I WOULD like my child to be screened for depression as part of the mental health well-being initiative being implemented at OLSS.

\_\_\_\_ I DO NOT WANT my child to be screened for depression as part of the mental well-being initiative being implemented at OLSS.

\_\_\_\_ I would like more information on screening/counseling before I make my decision and would like to have the school nurse call me.

Student's name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian name (Print): \_\_\_\_\_

Best Parent/Guardian Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\*Please complete the attached School Counseling Consent form to provide ongoing access to in school counseling for your student(s)**