

Parent/Guardian Informed Consent for Groups at Bellview Elementary:

Parents/Guardians: The purpose of this form is to provide you with some important information regarding your child's experience in the _____ Group at Bellview Elementary.

Professional School Counselor/Group Leader: Michelle M. Bolinger, B.A. Sociology, M.S. School Counseling, Preliminary School Counselor License (TSPC), Child Development Specialist Certification (ODE).

Theoretical Orientation: In the field of counseling there are many different ways to view human behavior and the process of change; these varying perspectives are known as *theoretical orientations*. A theoretical orientation drives everything the counselor sees, thinks, says, and does within the counseling relationship. I would describe myself, in terms of theoretical orientation, as a *Developmentalist*. This orientation is similar to what some might call "Eclectic" (diverse, varied, wide-ranging), but with increased, and specific, focus on human lifespan development. In order to create and implement a group that is appropriate for all members, I will need to assess the cognitive (intellect, memory, reasoning, etc.), psychological, and social development of group members prior to the first group session. I will do this by asking prospective group members (students), their parents, and their teachers to complete a short questionnaire. The information gleaned in these questionnaires will help me identify the most appropriate strategies and techniques to use while working with your child in group counseling. In previous groups, I have used techniques gleaned from art therapy, play therapy, child centered therapy, and cognitive behavior therapy.

Goals and Outcomes of the Group: Every group has a set of predetermined goals, or purposes. A few common goals of group include:

- Improve student's verbal and non-verbal communication skills
- Increase student's emotional literacy/vocabulary
- Increase student's social skills
- Increase student's usage of specific strategies intended to solve problems and manage conflict
- Increase student's self-awareness
- Increase student's confidence and motivation

Expectations/Roles: As a member of the _____ Group, your child will be expected to participate in group discussions and activities during all sessions. Participation includes: actively listening to other group members and the group leader, sharing and adding to conversations/discussions, and being respectful in all interactions. Group leaders will also use active listening skills during all group sessions. Leaders will facilitate a safe, respectful environment, and guide members as they navigate the attainment of new skills. Group leaders will maintain appropriate legal and ethical boundaries with all group members, both in and out of group sessions.

Schedule: For this group, we will meet every _____, for a total of ____ weeks. Our first group session will be on _____, and our last group session will be on _____. I have scheduled this group during classroom free choice time, as to create the smallest impact possible on your child's academic learning time.

Location: We will meet in my office, which is located directly to the left of the Main Office.

Confidentiality and Disclosure: Confidentiality is a key component to the group counseling experience; while I will make every effort to ensure confidentiality, I cannot guarantee group member compliance. The information and documentation attained during group sessions will not be discussed with anyone outside of group, except in situations required by law. Such situations are described below:

- If I believe your child is in danger of harming him/herself or of harming someone else, I am required by law to take action. I will make every effort to inform you first in such a case, but this may not always be possible.
- If I believe your child is in danger of being hurt (or is currently being hurt) by someone else, I am required by law to contact Child Welfare immediately.
- If counseling records are court ordered, I will make every effort to contact you first. However, I am required by law to comply with any and all court orders.

Although the information shared during a counseling session (group and individual) is confidential, parents/guardians have a right to be informed of their child's general progress. If information is shared that I believe you need to be informed about, your child and I will discuss how best to do that, while honoring and respecting your child's feelings and perspective.

Professional Collaboration: The ethical guidelines for School Counseling stipulate the necessity of professional collaboration. In order to best insure the support and guidance of your child during the _____ Group experience, it may be necessary to share certain information with various professional colleagues. This information will be kept confidential, and will only be shared/used according to the strict guidelines dictated by the American School Counseling Association.

If you have any questions about the information on this form, or your child's inclusion/participation in the _____ Group, please contact me during school hours at:

- Email: michelle.bolinger@ashland.k12.or.us
- Phone: 541-482-1310 Ext.: 4139

I have read the information above, and hereby give my consent for my child, _____ (Child's name), to participate in the _____ Group at Bellview Elementary. I agree to abide by the confidentiality guidelines listed above, and I understand that I have the right to revoke my consent at any time.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Contact Info: _____

Date: _____