

**MONTGOMERY COUNTY PUBLIC SCHOOLS****Consent for Group Counseling**Office of Student and Family Support and Engagement  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**Note:** This form is not needed if this specific group counseling has already been consented to through an IEP or 504 plan or another consent form approved by OSFSE.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ MCPS ID# \_\_\_\_\_

Name of School \_\_\_\_\_ Grade level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact Phone No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Group Name \_\_\_\_\_

Duration of Group \_\_\_\_\_ Length of each session \_\_\_\_\_

The school counselor, psychologist, or social worker can provide group counseling to students with permission from the parent(s) or guardian(s). These counseling sessions are designed to teach skills to help students be more successful in their academic and social environment. Many students may improve their school performance, attendance, and attitude towards school by taking part in group counseling sessions. Self-help issues developed in these counseling groups often include coping strategies, stress management, problem solving, and social skills. These sessions are not intended to replace non-school based counseling that you may arrange for the student.

Students will be strongly advised to keep the information shared by others during the sessions confidential. Information disclosed by the students during group sessions is typically not revealed to anyone else by the group leader, except under certain circumstances (for example, evidence that a student is a threat to themselves, others or property). The leader will limit the sharing of information to those MCPS administrators or other MCPS staff as necessary for student well-being and to support student success. In addition, information must be shared if legally required to do so. Otherwise, all material discussed will be confidential.

Please sign and have your child return this consent form. This consent for group counseling is valid for one school year. Student participation in counseling is strictly voluntary and consent may be withdrawn by the student's parent(s)/guardian(s) at any time (or by an eligible student). Parents are encouraged to contact the school counselor, psychologist, or social worker to keep informed about the student's progress.

Thank you for your support in helping your child succeed at school.

I **do** give permission for \_\_\_\_\_ to receive **Group** counseling services.  
(Name of Student)

I **do not** give permission for \_\_\_\_\_ to receive **Group** counseling services.  
(Name of Student)

Student (Signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name (Print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

MCPS Counseling Provider Name (Signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MCPS Counseling Provider Name (Print) \_\_\_\_\_

MCPS Counseling Provider's Email \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

If you have any questions, please call the Office of Student and Family Support and Engagement (OSFSE), at 240-740-5630. Thank you for your support in helping your child succeed at school.