



School District of Manatee County  
Informed Consent for Small Group or Individual Counseling

Student Name:  Grade: School:

The School District of Manatee County offers short-term individual and group counseling. Students, parents/guardians, or school staff may refer students to the school counselor for additional supports throughout the year. For counseling that extends beyond the initial session with the student a parent/guardian permission must be obtained.

School counselors provide short-term supports aimed at appropriately supporting student access to education that adhere to the Florida statutes and Parental Bill of Rights provisions. A parent/guardian will be notified if there is a change in the student's services or monitoring related to the student's mental, emotional, or physical health or well-being. **These supports are not intended as a substitute for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary, and whether to seek them for my child.**

The school counselor is seeking permission to work with your child in an individual or small group setting. This consent can be withdrawn at any time by signing and dating a written note requesting termination of counseling supports.

Date range of supports provided:  to

Level of Support:

- Small Group  
 Individual

Materials That May Be Used:

You are encouraged to contact your school counselor if you have any questions or concerns.

School Counselor:  Phone Number:

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*Return to School Counselor.*

I have read, understand, and agree to the terms of the School Counseling Informed Consent. *Please check one.*

I give my permission for  to receive school counseling supports.

I DO NOT give my permission for  to receive school counseling supports.

Parent/Guardian Name:

Parent/Guardian Signature:  Date: