



# Glenns Ferry School District

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Emily Wright  
Glenns Ferry School District  
K-12 School Counselor  
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## School Counseling Permission Form

Student's Name \_\_\_\_\_

School \_\_\_\_\_

Grade Level \_\_\_\_\_

School-based counseling services are provided by a certified school counselor/related personnel who is employed by Glenns Ferry School District. Certified school counselors are credentialed by the State of Idaho and possess a Master's Degree in Counseling or related field. Counseling services that are provided by certified school counselors are short-term, solution-focused and are not intended to replace the services offered by external Licensed Clinical Professional Counselors or Licensed Professional Counselors. However, these services are designed to assist the student in removing the barriers that are interfering with their learning and to increase their education and socialization within the Glenns Ferry School District. The topics discussed during sessions will be guided by the student and may include conversation regarding academics, personal issues, social/peer interactions, family/home life, high school/college/career advisement, mental health, social media, or other relevant topics. The format of the sessions will be dependent upon the students' needs. In order to build trust and rapport with a student, the school counselor will keep information confidential with the exception of the following:

- The student reveals information about harm to themselves or another person
- The student reveals information about any form of abuse
- The school counselor's records are subpoenaed by the Idaho Court System

**We will need this form to be returned to the school whether you choose to sign "yes" or "no" so that we can keep track of your preference in regard to your child/children. Please return this to your child's teacher, relevant secretary, or to the School Counselor. If this form is not returned we will not be providing services to your child.**

**Parent/Guardian Acknowledgment**

I (parent/guardian name) \_\_\_\_\_ give permission for (student name) \_\_\_\_\_ to see Emily Wright, the School Counselor at Glenns Ferry School District, for school counseling services. I understand that counseling will occur as needed, and that all information shared during counseling sessions is considered confidential except for the above-mentioned exemptions. I understand that School Counseling Services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I understand that the school counselor may share information with me, the student’s parent/guardian, the student’s teachers, school administrators and/or related school personnel who work with the child, on a need-to-know basis only, so that we may better assist the child as a team. I recognize that the Glenns Ferry School District and their employees cooperate with Law Enforcement and Social Services at all times and that the School Counselor has permission to share information, gained during counseling sessions, with third parties to include external, social services workers, law enforcement officers, or related State of Idaho organizations, should she be asked and/or required to. I acknowledge that although effort will be made for my child to not to miss any academic subjects, there may be occasions when this is unavoidable. However, I understand that teachers are always informed of when my child will miss his/her class, and he/she is not taken out on a day when there will be a test. I acknowledge that should my child attend counseling sessions they will do so voluntarily and are expected to make up any missed schoolwork.

**Service(s) Offered: School-Based Individual and/or Small-Group Counseling**

\_\_\_\_\_ Yes, I give my informed consent for my child to participate in school-based counseling services at Glenns Ferry School District.

\_\_\_\_\_ No, I do not give permission for my child to participate in school-based counseling services at Glenns Ferry School District at this time, but I am aware that I can contact the school counselor at any time to seek out these services for my child.

**Parent/Guardian Name (printed):** \_\_\_\_\_

**Parent/Guardian Name (signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_