

STUDENT SUPPORT SERVICES ENROLLMENT

Student Name: _____ Home School: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthday: _____ Gender: _____ Grade: _____ Race/Ethnicity: _____

E-Mail Address: _____ Cell Phone: (____) _____

Parents/Guardian:

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Work #: (____) _____ Work #: (____) _____

Cell #: (____) _____ Cell #: (____) _____

Email: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: (____) _____ Work: (____) _____

PARENTAL INFORMED CONSENT FORM

To whom it may concern:

I hereby consent to have _____
(Child’s legal name)
counseled at Premier Academy.

Premier Academy is offering individual, group-counseling and assessment services to students who are enrolled. We are hoping to work with your student during this school year. When your student participates in groups, he or she will have the opportunity to explore personal strengths and gain knowledge about different problems solving techniques. All information from the counseling relationship will be held strictly confidential. Any concerns regarding these services can be directed to the Student Support Services Counselor, Kim Pointer (815) 774-8949

Confidentiality and Limits of Confidentiality

Trust and honesty are critical to the development of all counseling relationships. For this reason, we place a high value on the confidentiality of information shared in sessions. You should be aware that legal requirements specify certain conditions in which it may be necessary for the school counselor to discuss information about the student with other professionals. If you have any questions about these limitations, please ask your school counselor at any point. Such situations include:

- 1. Danger that your child may harm him/herself or others.
- 2. Suspicion of abuse of children, elderly, or disabled person.
- 3. Court mandated action.

I agree that I have read the above information and that the nature of sessions was explained.

Signature of Parent/Guardian

Date

Informed Consent- Governors State University

To Whom It May Concern:

I hereby consent to have _____
(Child's legal name)

counseled and if applicable, audio taped by a Graduate student from Governors State University. This intern is under the direct supervision of a GSU Professor, clinically & site supervised by a Master's level counselor. Any concerns regarding these services can be directed to the Student Support Counselor, Kim Pointer at (815) 774 - 8949.

By signing this consent form, your child is eligible to receive various services, including individual as well as group counseling, offered by this Governors State Intern/Practicum Student in conjunction with Premier Academy.

I agree that I have read the above information and that the trainee has explained the nature and purpose of sessions.

(Signature of Student)

(Date)

(Signature of Parent)

(Date)

(Signature of Intern)

(Date)

Informed Consent – Lewis University

To Whom It May Concern:

I hereby consent to have _____
(Child's legal name)

counseled and if applicable, audio taped by a Graduate student from Lewis University. This intern is under the direct supervision of Lewis University Professor, clinically & site supervised by a Master's level counselor. Any concerns regarding these services can be directed to the Student Support Counselor, Kim Pointer at (815) 774 - 8949.

By signing this consent form, your child is eligible to receive various services, including individual as well as group counseling, offered by this Lewis University Intern in conjunction with Premier Academy.

I agree that I have read the above information and that the trainee has explained the nature and purpose of sessions.

(Signature of Student)

(Date)

(Signature of Parent)

(Date)

(Signature of Intern)

(Date)

Name of student: _____

Parent: _____

Incoming Student: Parent Version
Premier Academy
All responses will remain confidential.

Based on your family, check the appropriate box for items that are concerns you have that interfere with the learning process for your child.

	<u>CONCERNS</u>	CHECK
1	Dealing with change/new situations	
2	Difficulty controlling anger	
3	Receiving one or more failing grades on a report card	
4	Fights	
5	Having a problem with drugs	
6	Having a problem with alcohol	
7	A divorce, separation in the family	
8	Loss of a loved one/death in the family	
9	Loss of a close friend or relationship	
10	A problem getting along with friends or others	
11	Bullying/harassment	
12	Teenage pregnancy	
13	Stress	
14	Hurting/cutting oneself	
15	Thinking/talking about suicide	
16	Feeling sad or depressed most of the time	
17	Rumors and gossip	
18	Dropping out of school	
19	Eating disorders	
20	Not accepting people's differences	
21	Afraid to come to school	
22	Fear of making mistakes	
23	Skipping school	
24	Test Anxiety	
25	Not getting along with teachers	
26	Family addictions	
27	Low self-regard	
28	Communication problems	
29	Physical/sexual abuse	
30	Neglect	
31	Inattention/hyperactivity	
32	Homelessness	
33	Poverty	
34	Domestic violence	
35	Does not focus	
36	Cannot sit still for long time periods	
37	Wishy- washy	
38	Loses items	

39	Forgetful	
40	Memory -Short-term (within a day)	
41	Memory -Long-term (a day or more)	
42	Shyness	
43	Sadness	
44	Overreacting	
45	Respect for authority	
46	Inability to create long term friendships	
47	Late assignments	
48	Missing Assignments	
49	Procrastinating/ putting off assignments	
50	Problems with problem solving	
51	Vision	
52	Hearing	
53	Asthma	
54	Allergies	
55	Other (Please Specify):	

Has student been receiving any special services? Yes ___ No ___

If "yes," please specify: _____

Has student ever been tested/ diagnosed with any disability or any attention problem? Yes

___ No ___ If "yes," please specify: _____

Does the student currently take medication for this disability? Yes ___ No ___

Does student have an I.E.P. (Individualized Educational Plan)? Yes ___ No ___

Was your child eligible for free or reduced lunch? Yes ___ No ___

Does your child have to complete community service hours? Yes ___ No ___

If yes, how many? _____

Is your child on probation? Yes ___ No ___

If yes, in what county? Will Grundy Kendall Cook

Who is your probation officer? _____

Throughout the academic year, Premier Academy sponsors a variety of activities. Are there any activities that you would be willing to donate time to assist with?

Yes ___ No ___ Please list: _____

Are there any activities that you would like Premier Academy to sponsor for parents?

Yes ___ No ___ Please list: _____

**Thank you for taking the time to complete this survey!
Communication between home and school benefits the student in achieving goals.**