Consent for Counseling Services

At Carthage ISD, we are committed to supporting your child's academic success and overall well-being. As part of our comprehensive school counseling and support services program, students may have access to a certified school counselor and/or school-based support staff. These services align with the Texas Education Code (TEC §33.005), the Texas Model for Comprehensive School Counseling Programs, and SB 12 (2025), which now requires parent or guardian permission for students to receive the same counseling and social services support we've always provided.

Support may include:

- Setting academic goals and creating academic plans
- Developing social and emotional skills
- Checking in about emotions, challenges, or concerns
- Learning coping strategies and managing stress
- Addressing school-related issues (e.g., attendance, test anxiety, behavior, peer conflict)
- Building friendship and conflict-resolution skills
- Participating in short-term individual or group sessions on specific counseling topics.

These school-based supports are not therapy and do not include psychological diagnosis, evaluation, or treatment. If such services are needed, information about appropriate community resources will be made available.

Our goal is to partner with you in your child's development. We will reach out to you if there are significant concerns or recommendations for additional support. You may withdraw your consent at any time by notifying us in writing. If an urgent issue arises during the school day, a staff member (teacher, counselor, nurse, or administrator) may check in with your child to ensure safety and support, and we will follow up with you as soon as possible. Contact the counselor on your child's campus if you have any questions or concerns.

Parent Consent for Counseling-Related Services:

(Print) Student Name:_____Grade:_____

Check one:

_____I consent to my child receiving routine counseling services during the 2025–2026 school year. I understand this consent may be revoked at any time in writing.

_____I do NOT consent to my child receiving routine counseling-related services during the 2025-2026 school year. I understand that I will be contacted when counseling concerns arise, and counseling staff will NOT be able to provide services for my child and will only be able to intervene in crises.

Parent Signature: _____Date: _____