

PARENTAL CONSENT FOR COUNSELING 2009-2010

Texas Academy of Mathematics and Science ♦ University of North Texas

In order to assist students in their adjustment at TAMS and to help them with emotional and/or personal problems that may develop, counseling services are available at no cost to the student or to his or her family. Dr. Donna Fleming, Academy Psychologist, is a licensed psychologist with a specialty in adolescent issues. She is assisted by a UNT graduate student in psychology. Both are available to meet with students for daytime or evening appointments.

Students will be informed about the counseling services during fall orientation and at their wing meetings. They will also receive a letter with the details of how to make an appointment. This information is also printed in the TAMS Student Handbook.

All records regarding a student's counseling are kept confidential and are not included with other student records.

If your son or daughter is under age 18, then we need your permission to provide psychological services or counseling. In some situations, including mental health emergencies, a signed permission form would *not* be required in order for us to render help. However, it is strongly recommended that you sign the attached form and return it so that professional help in non-emergency situations may be provided to the student.

PARENTAL CONSENT FORM

I agree to allow _____ to receive counseling services from Dr. Donna
(Student's Name)

Fleming or the TAMS counseling staff for the academic school year of 2009-2010. I also agree to

allow _____ to receive counseling services from the UNT Counseling and
(Student's Name)

Testing Office if Dr. Fleming makes a referral to that facility. I understand that I may revoke this

consent at any time by signing and dating a written notice to that effect.

Parent/Guardian
Print Name _____

Parent/Guardian
Signature _____ Date _____