

Counseling

Nazareth School offers school-based counselling to support the whole child and help your child have a successful school year. The counseling services are provided by Ms. Jeanne Mossuto a Licensed Marriage & Family Therapist (LMFT). She offers assessments, brief counseling, and is available to speak with parental/guardian regarding counseling recommendations. All counseling will be conducted on school grounds during scheduled counseling school hours.

You may refer your child(ren) to see the counselor free of charge. To begin the counseling process, it is required that the **Agreement For Professional Services & Informed Consent** and the **Nazareth School Counselor Intake and Referral Form** are completed and returned to the school.

If you have any questions or concerns about the counseling program or your child, please send a confidential email to counselor@nazarethschool.org. These services are only offered during the regular academic school year. In the fall, the counselor visits each of the classroom to describe the counselor's role and services. Children are informed that parental/guardian consent is required to provide counseling services.

Confidentiality: Your child's information and communication in therapy cannot be revealed without your written permission. If you wish for a mutual exchange of information with your child's teacher(s) and/or the Principal, please complete the Release of Information portion of the form located on the bottom of the Agreement For Professional Services & Informed Consent document. All communication with the counsellor will remain confidential, unless explicit written consent is given.

California law does require, however, that any suspected child abuse or neglect be reported to authorities. Also, potential suicide, self-harm, or harm to others must be reported to ensure the safety of every individual and may result in breach of confidentiality.

AGREEMENT FOR PROFESSIONAL COUNSELING SERVICES & INFORMED CONSENT

Your child has been referred to see the counselor provided by Nazareth School. There is no fee charged to you. Please read the following agreement and return it to the school office.

The counseling services will be provided by Jeanne Mossuto, L.M.F.T. Jeanne will provide assessments, brief counseling, when appropriate, and be available to speak with you with any recommendations. All counseling will be conducted on school grounds during Ms. Mossuto's scheduled hours with the school.

Confidentiality: Your child's and your communication in therapy cannot be revealed without your written permission. California law does require, however, that any suspected child abuse or neglect be reported to authorities. Also, potential suicide or harm to others must be reported to insure the safety of every individual and may result in breach of confidentiality.

Your signature indicates that you understand and accept these conditions and are willing for your child to be seen in counseling by Jeanne Mossuto, L.M.F.T.

Child _____ Grade _____ Date _____

Name of Mother (or Guardian) _____

Mother or Guardian Signature _____

Name of Father (or Guardian) _____

Father or Guardian Signature _____ f

RELEASE OF INFORMATION

If you would like your child's teacher informed of a general description of the situation in order to help your child in class, please read and sign the following.

I authorize Jeanne Mossuto, L.M.F.T. to engage in a mutual exchange of information regarding my child **with the following Nazareth School staff member.**

Staff Member (Teacher or Principal)

Staff Member (Teacher or Principal)

I do not want the information listed below discussed:

This release is in effect until this date _____ Would you like a copy? Yes No

I agree to email and voice mail communications: Yes No

Nazareth School Counselor Intake and Referral Form

Student's Name _____ **Gender** _____ **DOB** _____

Address _____

General Background:

Parent/Guardian _____ **Phone #** _____

Parent/Guardian _____ **Phone #** _____

If applicable, is the non-custodial parent involved (if he/she does not reside in the home)? _____ Yes _____ No

Amount of time spent with non-custodial parent?: _____ Divorced? _____ Yes _____ No

Who else lives in the home with the student?

Name: _____ Age: _____ Gender: _____ Relationship _____

Name: _____ Age: _____ Gender: _____ Relationship _____

Name: _____ Age: _____ Gender: _____ Relationship _____

Name: _____ Age: _____ Gender: _____ Relationship _____

Student's Medical and Counseling History

Does the student have any health problems? _____

Is the student taking any medications (if yes, list the medication): _____

Reason the medication was prescribed?: _____

How does the medication affect behavior (sleep, appetite, mood, attention, hyperactivity,

Is the student currently receiving or have they received counseling services in the past?: _____ \ _____ If "yes", with whom?: _____ Current Counselor? _____

Are there any emotional concerns that run in the family (anxiety, depression, bi-polar, ADHD, etc.)?, Please list:

Student's Behavioral History

Does the student have any sleep concerns (nightmares, trouble falling or staying asleep, etc.)?

In your opinion, how is the student's school performance? _____

Does the student have any behavioral concerns in the home? _____

Does the student display any aggressive behaviors (type)? _____

Has the student experienced any traumatic events such as a death in the family, divorce, violence, traumatic accident, etc.?: _____