

Dear Parent/Guardian,

The main priority of your child's school counselor is to make sure all members of our school work together to empower students to reach their highest level of success- whether that's in the classroom, on the playground, or in a future career. They strive to meet the needs of all of our students by visiting classrooms, working with small groups, and meeting with students. They discuss topics like drug awareness, getting along with others, staying safe, and learning how to be a successful student.

A new state law requires us to provide annual written notification regarding the school counseling/mental health services provided by our school system. The attached document provides you with this information. Attached is the Annual Notification Regarding School Provided Counseling or Sponsored Mental Health Services and the Opt-In for School Counseling/Mental Health Services form. Your choice to Opt-In will allow the school counselor to continue offering guidance programs to your child. As in the past, we will continue to contact parents/guardians if outside counseling services might be beneficial. If you have any questions or concerns about this information, please contact your school guidance counselor.



**BLOUNT**  
COUNTY SCHOOLS

**Annual Notification Regarding School Provided Counseling or Sponsored Mental Health Services**

***Mental Health Services***

The school system provides or sponsors the following mental health services:

1. **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring** - Peer Helpers, Big Brothers/Big Sisters, and/or Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health** - On-going counseling services by school professionals

***Review of Material***

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal in writing.

***Outside Referrals and Ongoing Counseling Services***

Blount County Schools will require additional permission for outside counseling or one on one school counseling. Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

***Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services***

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

If your child is under fourteen, he/she will only be allowed to participate in mental health services if you opt-in. **If you would like the school system to be able to offer and/or provide mental health services to your child, you must opt-in for the aforementioned services before he/she may participate in these services.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to his/her health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

***Parent of students with disabilities:*** Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan.

Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.

Date Printed: August 11, 2022



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### OPT-IN FOR SCHOOL COUNSELING/MENTAL HEALTH SERVICES

I hereby give my permission for my student [ *student name* ] to participate in the following school counseling/mental health services:

**Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.

**Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.

**Mentoring** - Peer Helpers, Big Brothers/Big Sisters, work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.

**Assessments/Surveys** – includes questionnaires provided to students related to social behaviors, feelings, etc.

**Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.

**School-Based Mental Health** - On-going counseling services by school professionals.

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I do not give permission for my student [ *student name* ] to receive the above mental health services, except in cases of imminent threat to the student or others.

*You may rescind permission for a student to participate in mental health services at any time by providing written notice to school administration.*

#### Outside Referrals and Ongoing Counseling Services

Blount County Schools will require additional permission for outside counseling or one on one school counseling. Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Signature)

**Student Name:** \_\_\_\_\_

**Student Age:** \_\_\_\_\_

**Date Printed:** August 11, 2022