



AIU School Counseling Services

It is the goal of the AIU school counseling program to meet each student's academic, career and social/personal development needs.

School counselors assist students in overcoming challenges that interfere with learning and ensure all students have equal access to a counseling program that is comprehensive and developmentally appropriate.

Counselors remain constantly visible in the buildings they serve and provide developmental guidance lessons to all students with or without permission slips. Students who may benefit from small-group counseling or individual sessions will have the opportunity to work with the school counselor directly. Counselors require permission from a parent or guardian to initiate small group and individual counseling sessions. A student can be seen one time with the consent of the building administrator, however, to ensure services are implemented in a timely manner, your permission is requested at this time.

School counselors are not mental health therapists. Parents will be provided resources should this service be needed. However, students receiving outside services may still be seen by the school counselor if the student is experiencing barriers to learning at school. Counselors DO NOT become involved in custody issues. Counselors follow the guidelines contained in the American School Counseling Association Code of Ethics. All information shared with the school counselor is kept confidential unless permission is granted by a parent or guardian or unless the counselor is required by law, or school policy, to share it.

You will receive contact information for your school counselor at the start of the school year. School counselors are available during the academic year by phone or email. For further questions about the program, please contact your child's school.

*You may keep this side for your reference. Please sign and return the second half to the school office.

Allegheny Intermediate Unit - Non-Public Schools Program School Counselor:

Please print clearly and complete all information

Student's Name: _____

Birthdate: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

School District _____

Residence: _____

I **give** my consent for my child to participate, *if needed, in individual or small-group counseling*, in the AIU School Counseling program for the 2023-2024 school year.

I **do not give** my consent for my child to participate, *if needed, in individual or small-group counseling*, in the AIU School Counseling program for the 2023-2024 school year.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

E-mail: _____

Daytime Phone Number: _____