

# **Permission to Provide Counseling Services**

**\*Return the last 2 pages to the  
Guidance Counselor**

**\*In order for your child to  
receive services you must sign  
the parental consent page.**

## *Positive Directions II LLC*

### **Operating Philosophy**

Positive Directions II LLC (PD) is a Contracted Counseling based service available to schools and other operating facilities. The rationale for this service is to make sure that students, who are pre-school aged until they graduate, are given a wide variety of support emotionally, socially and behaviorally. Positive Directions II LLC has entered into a contracted agreement with the Christina School District and together we will provide an avenue for children to receive the maximum amount of support services throughout the school year.

Due to the increased challenges within our communities, homes and schools, students going to school and returning home safely, is not always a guarantee. Children of today are faced with a variety of challenges such as peer pressure, self-esteem issues, anger management issues, and so much more that can impede upon their growth and development. Children are faced with pressures today that were not as prevalent twenty years ago, which could lead to multiple problems. For these reasons, counseling services will be provided to students and their families.

### **Mission Statement**

The mission of “Positive Directions II LLC” is to equip students socially, emotionally and behaviorally, for the 21<sup>st</sup> century. Because of the day and age in which we live, it is critical that we teach students how to maintain a sense of integrity, self-control, respect for self and others, as well as understanding and practicing what it means to have a good character. Children must be taught that it may not always be popular to stand up for what is right, however, they can become responsible decision makers.

**This service is designed for all students who are enrolled in school.** It is very important for the earlier grades to receive support and instruction, as early intervention is crucial, to the well being of our children. If children are having challenges at an early age, and nothing is done to correct the behavior, that child could very well fall through the cracks. Students will be challenged to take an active role during classroom guidance presentation, groups counseling and individual counseling, as the tackle real life situations that they may face. There is a list of things that could be easily incorporated through classroom guidance presentations or through individual or group counseling services. Topics like dealing with and managing your anger, making friends, self-esteem concerns, divorce or separation in the family, guarding yourself against those who bully, and understanding the power of hurtful words, among other topics.

## **Goals and Objectives**

Students will maintain a sense of integrity, self-control, respect for self and others, as well as understanding and practicing what it means to have good character. They will be responsible decision makers. They will possess the necessary skills for challenging them to grow and to develop in a positive direction.

# **POSITIVE DIRECTIONS II LLC**

**A COUNSELING SERVICE PROVIDED  
BY THE CHRISTINA SCHOOL DISTRICT AND  
POSITIVE DIRECTIONS II, LLC**

The Christina School District, in a contract with Positive Directions II LLC, provides counseling services in our elementary schools. Below are the following services:

Individual Counseling

Small Group Counseling

Family Counseling

Classroom Guidance Presentations

It is our expectation that these counseling services will positively impact the students we serve and equip them socially, emotionally and behaviorally, for the 21<sup>st</sup> century.

POSITIVE DIRECTIONS II LLC  
PARENTAL CONSENT FORM

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Parent/Guardian:

Your child has been referred for counseling services, which are offered by the Christina School District, through a contract with Positive Directions II LLC. Please read the consent form below, sign indicating your agreement, and return to the counselor.

I have read and understand the goals, of Positive Directions II LLC, as outlined in the cover letter.

I agree that my child will receive counseling by the Positive Directions II LLC counselor assigned to my child's school.

I acknowledge the right to revoke this agreement, at any time, by contacting the school counselor.

I understand that counseling services are confidential. No record of the counseling sessions will be kept in my child's student file.

I give permission for the counselor, from Positive Directions II LLC assigned to my child's school, to review the school records of my child.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNED: \_\_\_\_\_  
Parent or Legal Guardian

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNED: \_\_\_\_\_  
Guidance Counselor

**Counselor's Office – Brief History Form**

PARENT: Please complete this form to the best of your ability. The information will be kept confidential and will only be used to assist the Counselor in providing the best possible services to your child. The more information you provide here, the better the Counselor can help your child.

This form **will not** be part of your child's academic record and only the Counselor will have access to it.

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Status:      \_\_\_\_\_ Both Parents in the House      \_\_\_\_\_ Separate      \_\_\_\_\_ Widowed  
                                 \_\_\_\_\_ Single Parent      \_\_\_\_\_ Divorced\*      \_\_\_\_\_ Guardian  
                                 \_\_\_\_\_ Separated      \_\_\_\_\_ Other: \_\_\_\_\_

\*If divorced, please explain the custody and visitation arrangements: \_\_\_\_\_

Other children in the home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Please check if you have experienced any of the following stressful events in your family within the past year:

\_\_\_\_\_ Death of a family member or friend      \_\_\_\_\_ Divorce      \_\_\_\_\_ Separation  
\_\_\_\_\_ Serious Illness      \_\_\_\_\_ Moved      \_\_\_\_\_ Financial Problems  
\_\_\_\_\_ Alcohol or drug related problems      \_\_\_\_\_ Other: \_\_\_\_\_

Please explain any that apply on the back of this form.

Have you observed any of the following behaviors in your child at any time since birth: (Please explain when and how often) *Don't be alarmed by these questions, they are very routine.*

\_\_\_\_\_ Bedwetting: \_\_\_\_\_

\_\_\_\_\_ Fascination with fire: \_\_\_\_\_

\_\_\_\_\_ Cruelty to animals: \_\_\_\_\_

\_\_\_\_\_ Destructive or assaultive behavior: \_\_\_\_\_

What positive attributes does your child demonstrate?: \_\_\_\_\_

In what areas would you like to see your child improve?: \_\_\_\_\_

Has your child received counseling services before?: \_\_\_\_\_ If so, when, where, why and how long were services provided?: \_\_\_\_\_

Is your child currently on medication?: \_\_\_\_\_ If so, please list medication, dose and purpose for the medication: \_\_\_\_\_

At what age did your child begin taking medication?: \_\_\_\_\_