



St Mary Catholic School Student Support and Wellness Advisor Consent to See and Advise Form

Introduction of purpose:

Saint Mary Catholic School is committed to providing quality education to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students to see the Student Support and Wellness Advisor (SSWA) to seek guidance or support in areas of academic, social or emotional struggle/distress, or students may request as well. The aim of the SSWA is to help students have more intentional support in areas of mental health, academic struggles and social relationships. Possible topics are: coping with changes, self esteem, friendship and relationship issues, study skills, stress management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc. **This service is not intended as a substitute for medication, psychological counseling or diagnosis, which the advisor is not qualified to do and is not the responsibility of the school.**

Confidentiality

The nature of this position is to advise and support students in need. Effective advising and support is based on a trusting relationship between student and advisor. The SSWA will keep information confidential with some possible exceptions. We understand that certain situations will require information to be shared with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the child as a team. Under the following circumstances, the SSWA is required by law to share information with others.

1. Presenting information about hurting himself/herself or another person.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
3. Threats to school security
4. If advising records are court ordered

Contact

If you have further questions about the information on this form, the advisor services, or techniques and protocol please call St. Mary Catholic School (509)-924-4300 to speak with Devon Rapp(SSWA) or Ben Walker (Principal)

**** please sign and return this page****

Student Name _____ Grade _____ Date _____

I give permission for my child, _____, to receive advising and support services while attending at SMCS. I have read and understand the confidentiality guidelines. I understand that I may withdraw this consent at any time by signing and dating a written notice requesting termination services.

I also understand that my student may seek these services independently without my request.

Parent/Guardian Signature _____ Date _____

Cell Phone _____ Email _____

I DO NOT permission for my child, _____, to receive advising and support services while attending at SMCS. I understand that this means my student will not have access to the academic support services, emotional support, or social guidance provided by the Student Support and Wellness advisor.

Parent/Guardian Signature _____ Date _____