

School-Based Counseling Consent and Intake Form

Student Information

Student Name

Date of Birth

Grade

School Name

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Phone Number

Email Address

Reason for Referral

Please describe the reason for counseling

Relevant Background Information

Please share any relevant background information

Services Requested

☐ Individual Counseling ☐ Group Counseling ☐ Crisis Intervention ☐ Other

Consent to Participate

☐ I have read and understand the information regarding school-based counseling services and give permission for my child to participate.

Parent/Guardian Signature

Signature

Date