

# Davis School District Student Services Department

## Student Services/School Based Behavioral Health Services

### Permission for Behavioral/Educational Interventions

I give permission for my son/daughter to participate in behavioral/educational interventions through Davis Behavioral Health. This may include individual, group or family counseling or education and skill building activities. Local school personnel may also be involved. Topics for discussion will be determined by the needs of the student, family and schools. Various instructional materials may be presented and the students may discuss their personal views, experiences and concerns as appropriate, including those areas covered by the Family Educational Rights and Privacy Act, Section 53A-13-301 and 302, Utah Code. For the purpose of improving services to the student, the counselor/teacher may discuss, share, send or receive information with the school system's Case Management Teams or outside consultants such as Davis Behavioral Health. Some of the data, without personally identifiable information, may be used for research. Your permission may be sought to record segments of the intervention sessions for training purposes. You and your student may also be asked to complete checklists, now and in the future, to evaluate areas of concern and to research the effectiveness of the interventions. Information will be kept confidential except where disclosure is required by state law, district policy, professional ethics or consultation needs. Under section 53A-13-301 and 302, Utah Code, parents have a two week waiting period before deciding about any interventions within the school system. **The School Based Behavioral Health services are NOT part of special education services. Special education services are identified on the student's Individual Education Plan. The local school should be contacted for Special Education information.** You may withdraw your son/daughter from the program at any time. Please discuss any concerns with the counselor/educator before signing this form, and please keep in contact with the counselor/educator throughout the intervention.

I give permission for my son/daughter, (student's name) \_\_\_\_\_ to participate in School Based Behavioral Health interventions.

Parent/Guardian Signature \_\_\_\_\_ . Relation to student \_\_\_\_\_ .

Date \_\_\_\_\_ . I waive the two week waiting period (initial) \_\_\_\_\_ .

Comment: