



2025-2026 School Counseling Informed Consent

Introduction of Services

Camperdown Academy is committed to providing quality education to its students. One of the ways we achieve this goal is to help our students with their social-emotional growth. The aim of the school counseling services is to help students have more effective education and socialization within the school community. Our school counselor, Ashley Belcher MMFT, LMFT-A, is available during the school day to address possible counseling topics such as: coping with changes, self esteem, friendship and relationship issues, stress management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc.

Please note that although counseling services are available to your student during the school day, these services are not intended as a substitute for medication, psychological counseling, psychotherapy, or diagnosis, which are not the responsibility of the school.

Confidentiality

Because counseling is based on a trusting relationship between counselor and counselee, the school counselor will keep information confidential with some possible exceptions. We understand that the school counselor may share information with parents/guardians, the child's teacher/tutor, 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 school counselors are 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.

Contact

If you have further questions about the information on this form, the counseling relationship, or the counseling techniques used by the school counselor, please email the school counselor, Ashley Belcher MMFT, LMFT-A, at abelcher@camperdown.org or call (864)244-8899 Monday through Friday, between the hours of 8:00am - 3:30pm.

For your child to participate in school counseling services, please complete the back of this document and return to school.

Student Name: _____ **Group:** _____

I, _____, am the legal parent/guardian of _____ I have read, understand, and agree to the terms of the Camperdown Academy School Counseling Informed Consent.

I give permission for my child, _____, to receive counseling services while attending at Camperdown Academy. I understand that I may withdraw this consent at any time by signing and dating a written notice requesting termination of counseling services.

Parent/Guardian Signature

Parent/Guardian Print Name

Date