

**HARTSELLE CITY SCHOOLS**  
**OPT-IN FORM FOR COUNSELING OR MENTAL HEALTH SERVICES**  
**FOR STUDENTS UNDER 14 YEARS OF AGE**

Hartselle City Schools offers a variety of student counseling and mental health services for your child. However, Alabama law now requires that parents and/or guardians of all children under 14 years of age must “**opt-in**” each year for their children to receive most counseling or mental health services.\* You may choose for your child to receive some, or all of the available services. **However, unless this form is completed and returned, most counseling or mental health services will not be available to your child.** When received, this form is effective for the current school year unless rescinded in writing.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's School (please check box)

Barkley Bridge     Crestline     F.E. Burluson     Hartselle Intermediate     Hartselle Jr. High     Hartselle High

*\* Counseling or mental health services may be provided without an opt-in (1) based on an IEP or §504 plan, (2) when there is an imminent threat to the health of the student or others, or (3) when students meet with guidance counselors solely related to course selection, course registration, career interests or opportunities, or similar activities.*

**[Check the box for each service you want to be available to your child]**

- General Guidance Counselor Services** – access to or participation in large or small group counseling or access to professional counseling services broadly addressing issues including, but not limited to bullying, stress management, test or other anxiety, making good choices, substance abuse, peer relationships, etc.
- Mentoring** – Counselors or partner organizations addressing student needs on issues such as friendships, healthy relationships, anger management, and anxiety.
- Assessments/Surveys** – student questionnaires related to social behaviors, feelings, etc.
- Crisis Intervention** - short-term, immediate assistance by school counselor or professional.
- School-Based Mental Health** - Mental health counseling services by school professionals or private practitioners in the school setting. Parent or legal guardian's permission will be obtained for specific private practitioner counseling before services are provided.

I understand that based on my option for services the counselor or other service provider will keep me fully informed regarding diagnosis, recommended counseling or treatments and that I will retain the authority to make final decisions regarding ongoing counseling or treatments. I also understand that I may rescind permission for my child to participate in selected counseling and mental health services at any time by providing written notice to school administration.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

***Please return to your student's school by August 12, 2022***