



Informed Consent for Student Support Services

Dear Parent or Guardian,

At Eureka City Schools, we offer services to students aimed at creating a warm, safe, and supportive school environment. Your child may be invited to participate in these services with counseling, school psychology, wellness center and community schools staff, as well as interns or graduate students. In order to maintain the integrity of these various support services, individual assessments may be administered to your student.

These services address school related concerns and work on general well-being to support student success in school. They may include individual or group support services in order to enhance social skills, positive communication, healthy decision making, or learning to be a peer role model. Possible topics which may be addressed include, but are not limited to the following: problem solving, peer relationships, conflict resolution, emotional regulation, academic motivation, bullying, loss/grief, coping with stress, or anger management.

All the work done with your child will be held in confidence, unless disclosure is required by California law or permission is given by your child. If you have any questions please contact **Wellness Center at 707-267-9120 or [wellnesscenter@eurekacityschools.org](mailto:wellnesscenter@eurekacityschools.org)**

Please sign below if you agree to your child's involvement in these wonderful services.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home/Work Phone

\_\_\_\_\_  
Parent Name (Print)