



Jon J.P. Fernandez
Superintendent of Education

Luis P. Untalan Middle School

256 Vietnam Veterans Highway
Barrigada, Guam 96913
Phone: 300-2726/7
website: www.gdoe.net/ums



Agnes A. Guerrero
Principal

"Home of the Wildcats"

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Hafa Adai Parent(s) and Guardian(s),

Please see attached forms for your review and consent. These school district forms include:

- 1.) *School Counselors Confidential Guidelines Acknowledgment*. This form acknowledges that you understand confidentiality and its limitations.
- 2.) *School Counseling Informed Consent Form*. This form consents to your child receiving counseling services from a school counselor and that his/her counselor may consult as needed with a district school psychologist. If you decline, please write: "I am declining school counseling services", state why, and provide your signature and date on the bottom of this page. (Appendix 3-3, p.41)
- 3.) *Screening, Brief Intervention, And Referral to Treatment (SBIRT) Informed Consent Form*. Student and parent will sign this form to consent for your child to be screened for alcohol and other drugs. It will also allow for further assessment and participation in interventions offered on campus, such as small group sessions. Do not sign this form if you would like to opt-out of screening and consequent interventions.

After you have read, discussed, and completed these forms, please return them to your child's 1ST PERIOD teacher. We greatly appreciate your time and support.

Sincerely,

Counseling Department
L.P. Untalan Middle School

Acknowledged by Agnes A. Guerrero,
Principal

"School of Excellence"

Gaylene B. Cruz
Assistant Principal
Special Programs

Beth N. Perez
Assistant Principal
Curriculum and Instruction

Roberto J. Sanchez
Assistant Principal
Student Support

Jeanette Superales
Administrative Officer
Business Office

The Luis P. Untalan Middle School community will empower students with the knowledge that will enable them to be **COMPETENT, PRODUCTIVE, and RESPONSIBLE** citizens in our society.

APPENDIX 3-1

SCHOOL COUNSELORS CONFIDENTIALITY GUIDELINES

****MUST BE POSTED IN SCHOOL COUNSELORS OFFICE****

CONFIDENTIALITY GUIDELINES

Your confidentiality as a student is important to us! In our school counseling office, what is said here, stays here, with the following exception, as required by law and/or ethical standards:

1. Harm to self or others

2. Abuse or neglect

3. Court or other legal proceedings

If there is ever a need to reveal information, we will let you know in advance, and work with you to handle the situation in a way that respects you, your feelings, and your needs.

APPENDIX 3-2

SCHOOL COUNSELORS CONFIDENTIAL GUIDELINES ACKNOWLEDGMENT

Your confidentiality as a student is important to us! In our school counseling office, what is said here, stays here, with the following exceptions, as required by law and/or ethical standards:

1. Harm to self or others

This could include things like a suicide attempt or plan, cutting or other self-injury, eating disorders, addictions, fighting or other physical violence, illegal behaviors, threats, etc. –anything that puts your health or safety, or someone else’s health and safety, at risk.

2. Abuse or neglect

If you talk with one of us about abuse (physical, emotional, verbal, sexual, or other abuse), whether to yourself or to another minor, we are required by law to report it to Child Protective Services, and possibly the police. If you tell us about an abuse case that’s already been addressed by CPS or the police, we still may need to make a call to double check.

3. Court or other legal proceedings

By law, if we are subpoenaed (required by law to attend a hearing or other court proceeding), we cannot guarantee that your information will be kept confidential. We will always do our best to reveal as little as possible in a legal setting, but we must cooperate with the police, CPS, and the courts.

If there is ever a need to reveal information, we will let you know in advance, and work with you to handle the situation in a way that respects you, your feelings, and your needs.

I have read and I understand the guidance department’s confidentiality guidelines and exceptions.

Student Signature

Date

Parental/Guardian Signature, if applicable

Date

APPENDIX 3-3

SCHOOL COUNSELING INFORMED CONSENT FORM

Introduction of Services

Guam Department of Education is committed to provide school counseling support to its students. School teachers, school administrators, school officials or parents/guardians may refer students for school counseling services, or students may request counseling on their own. There is no cost for school counseling services. However, school counseling services are not intended as a substitute for medication, psychotherapy or a medical diagnosis.

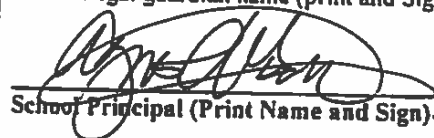
Responsibility to Students: School counselors provide individual supportive counseling and facilitate Small Group Sessions to help students with academic, career, behavioral, social and emotional needs. School counselors may provide counseling interventions to address various student challenges but not limited to the following such as students' adjustment or transition difficulties, self-esteem challenges, peer relationships, study skills, stress management, anger management, fears or worries, academic progress, conflict resolution, social skill building, substance abuse education, etc.

Confidentiality: School counselors maintain student information and school counseling services are confidential. No other persons or agencies outside of GDOE will have any access to students' records without a written consent to release information signed by their parents. Parents have the right to revoke any written consent at any time.

Limits to Confidentiality: School counselors have limits to confidentiality. Legally, school counselors are mandated by law to reveal information about a student under the following circumstances:

1. A student is a danger of harming or ending his or her life
2. A student is a danger of harming others or threat to school safety
3. A student self-disclose or evidence of any past or ongoing neglect and/or abuse (sexual, verbal, physical, or emotional).
4. Court order or other legal proceedings

Acknowledgement, Agreement and Written Consent:

Student Name: _____			School Name: _____			Grade Level: _____		
I, _____, am the parent/legal guardian of the student listed above. I have read and acknowledge the terms above discussed in the <i>School Counseling Informed Consent</i> . I agree and I give my written permission/consent for my child to participate and to receive school counseling services while attending school at GDOE. I also give my written permission to my child's identified School Counselor to collaborate, if necessary, with the District Psychologist through psychological consultations for the school counselor to seek guidance, information and/or discussion to address my child's needs.								
Parent/Legal guardian name (print and Signature)						Date		
						8-14-19		
School Principal (Print Name and Sign) <u>Agnes A. Guionero</u>						Date		

Disclaimer: Parents/legal guardians, in the event you decline your child to participate in and to receive school counseling services at his or her school, please provide a written statement that you do not want your child to receive school counseling services and the reason for not wanting your child to participate in school counseling services addressed to your child's school administrator with parent signature and date.

Contact

If you have further questions about the SBIRT process or information on this form, please contact your child's school counselor:

UMS

735-3110

(School Counselor Name)

Telephone Number

Student Name: _____

School Name: _____

Grade Level: _____

I, _____ (Parental/Legal Guardian Name), am the legal parent/guardian of the student listed above. I have been informed of the SBIRT protocol to be utilized at my child's school. At this time, I want my child to participate in the SBIRT process at school. I would like him or her to participate in the Verbal Screening for Substance Use and for him or her to participate in Brief Interventions such as Small Group Sessions while attending school at GDOE. I also agree to have my child participate in a Substance Abuse Assessment should he or she be recommended. I understand that I can retract this form at any time by providing a written notice to the school.

Parental/Guardian (Print Name and Sign)

Date

I, _____ (student Name) have agree to participate in the SBIRT Process at school with my guidance Counselor. I agree to participate in a Substance Use Verbal Screening and participate in Small Group Sessions at GDOE School facilitated by my School Counselor. I also agree to participate in further assessment in the event my school counselor recommends.

Student's Name (Print and Sign)

Date

Phone #: _____

Email: _____

FORM 5-2

**SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)
INFORMED CONSENT FORM**

The Guam Department of Education acknowledges that substance use and abuse negatively impacts students' academic, social, family, and psychological wellbeing. Students who use or abuse substances at an early age are at risk for developing a substance dependency disorder later in life. GDOE is committed to help reduce this risk by utilizing the SBIRT (Screening, Brief Intervention and Referral to Treatment) process with our students.

GDOE students in grade levels six (6) to twelve (12) will be asked to participate in a verbal substance use screening as part of the substance use programs. GDOE will use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol with students. The purpose of this effort is to prevent and intervene in alcohol, marijuana or other drug use. The SBIRT program provides brief intervention to improve the health, safety and success in our students at school. Students will be asked only nine (9) questions in a one-to-one discussion with their school counselors. School Counselors will use the CRAFFT 2.1 screening tool, the most commonly used substance use screening tool for adolescents. All screenings will be held in private one-on-one sessions with the student's school counselor. The CRAFFT 2.1 screener only asks a short set of questions. It is NOT a blood or urine test, a drug test, or a test of any body function.

- Students will participate in brief interventions through Small Group Sessions facilitated by their school counselors after being screened.
- What your child says in the verbal substance use screening is confidential and will not be shared with any other person without written consent to release from the student, parent, or guardian, except in cases of immediate medical emergency or when disclosure is otherwise required by law.
- The actual CRAFFT 2.1 screening protocol will not be placed into student's school record.
- School counselors will only document into PowerSchool the following statement: **Verbal Screener Conducted**".
- All students verbally screened will either participate in at least five (5) Small Group Sessions at their school campus facilitated by their school counselor or students will be referred for further assessment.
- Data such as date, demographics, student number, attendance, and referrals will be tracked for program improvements.

Confidentiality

Because school counseling is based on a trusting relationship between school counselors and students, the school counselors will keep information confidential with some limitations. We understand that the school counselors may share information with parents/guardians, the student's teacher, and/or administrators who work with the student 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. Harm of self or others
2. Abuse or neglect
3. Threat to school safety
4. Court order or other legal proceedings

If there is ever a need to reveal information, we will let you know in advance, and work with you to handle the situation in a way that respects you, your feelings, and your needs.