

FORM 12-2



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DEPARTMENT OF EDUCATION STUDENT SUPPORT SERVICES DIVISION

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Form C: Informed Consent for Behavioral Health Services

FORM TO BE COMPLETED BY: Parent or Legal Guardian, or Student (18 years or older)

Student Name:	
Date of Birth:	
Student ID #:	
School Name:	

Nature and Purpose of Assessment: This is an Informed Consent for Psychological Assessment and/or Student Observation for a child/adolescent. A Guam Department of Education (GDOE) student had been referred by a Child Study Team (CST) to the District Psychologist at the Student Support Services Division (SSSD) for a psychological assessment and/or student observation in order to address referral questions sought by the CST. These questions generally concern social, emotional, psychiatric and/or behavioral symptoms, or coping strategies of the student within the school arena.

Assessment Process: The assessment process of a student takes sixty (60) days to complete from the day of the Informed Consent for Assessment is signed by the parent or legal guardian(s). An assessment may consist of student observation(s), clinical interviews with student, parent or legal guardian(s), family member(s), teacher(s), and school staff, several behavioral screenings and psychological assessment tools. Assessments may last between 2 to 5 hours depending on attendance and/or availability of students, parent/legal guardian (s), teachers, faculty, or staff and generally takes multiple sessions to administer assessments and interviews. Clinical interviews and paper-based assessment protocols may be given to the student and/or student's parent (s), teacher (s), and/or school staff proctored at a confidential room at student's school or/and SSSD confidential room. After assessments are administered, scored, and interpreted, either a confidential report of a student observation or a confidential psychological report will be formulated and a copy of the report will be given to the student's parent/legal guardian and/or CST coordinator at the school.

District School Psychologists: The GDOE's District psychologists at SSSD consist of master and/or doctoral level professionals whom have been trained in the field of clinical psychology and counseling and are independent Licensed Professional Counselors, Licensed Mental Health Counselors and/or Marriage and Family Therapist providers by the Guam Board of Allied Health Examiners.

Social Workers: The School-Based Behavioral Health Social Workers consist of minimum bachelor and up to master level professionals whom have been trained in the specialty of social or behavioral health sciences such as social work, psychology, or related fields.

Limits to Confidentiality: District Psychologists have limits to the rights of student confidentiality. Legally, District Psychologists are mandated by law to breach confidentiality in the event a student is a danger of harming or ending his or her life, a danger of harming or ending the life of other(s), or self-disclosure or evidence of any past or ongoing neglect and/or abuse (sexual, verbal, physical, or emotional) of a child or disabled adult/elder, or if a student is court subpoena for psychological services.

Fees: There are no financial fees of payment for psychological and/or student observations at this time.

Expiration of Consent: This consent will expire under a few conditions, including but not limited to: 1) Parents/legal guardian /Student miss an appointment and do not respond to the District Psychologists' outreach efforts/attempts within a specified time frame, 2) Parents/legal guardian (s)/student are receiving special education services at GDOE, 3) Parents/legal guardian(s) permanently or plans to relocate off island or plans to move to a non-GDOE school campus within 60 days after this form had been signed, 4) Parent/legal guardian (s)/student requires/choose non-GDOE – SSSD psychological services/provider, 5) Parent/legal guardian(s) refuse/choose to disengage in services by signing a Declination Form for psychological assessment or/and student observation

By signing below, I have read and understand the above, have had an opportunity to ask questions about this information, and I voluntarily consent/ I voluntarily consent for my child to participate in a psychological assessment and/or student observation at the Guam Department of Education – Student Support Services Division. I understand that I have the right to ask questions about the above information at any time.

*(*Note: GCA Ch. 19 allows consumers eighteen (18) years or younger, consenting to services that involve pregnancy related issues, HIV/AIDS/STDS, or substance abuse treatment, to sign this consent form)*

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name (Print)

Date

School-Based Behavioral Health Staff & Signature

Date