

Pawnee Independent School District

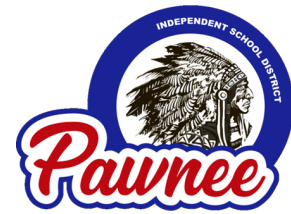
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Pawnee, TX 78145

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www.pawneeisd.net



Anthony Annis - Superintendent
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Yolanda Solis - Counselor
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**Notice of and Consent for School Counseling Services
2025-2026 School Year**

This form must be signed and returned to Yolanda Solis, Academic School Counselor & Kristin Witte-Hubbard, LPC – Grant Counselor. Consent given through this form is effective during the current school year unless rescinded earlier.

In accordance with law, the District must notify parents of staff services related to school counseling and give parents the opportunity to opt out before those services are provided to their child.

School counseling services are more fully explained in board policy FFEA, and student mental health is covered in board policy FFEB. Information about threat assessments can be found in board policy FFB.

All District employees:

- Shall report alleged abuse or neglect of a student as required by law; and
- May verbally inquire about a student's daily well-being without parental consent.

District employees and contractors will not provide assistance with social transitioning.

Under state law, a child may consent to counseling for themselves as it relates to suicide prevention; chemical addiction or dependency; or sexual, physical or emotional abuse.

Routine Counseling Services

State law requires school counselors to provide the following services as part of a Comprehensive School Counseling Program:

- A guidance curriculum to help students develop their full educational potential, including the student's interests and career objectives.
- A responsive services component to intervene on behalf of any student whose immediate personal concerns or problems put the student's continued educational, career, personal, or social development at risk.
- An individual planning system to guide a student as the student plans, monitors, and manages the student's own educational, career, personal, and social development.
- System support to support the efforts of teachers, staff, parents, and other members of the community in promoting the educational, career, personal, and social development of students.

School counselors routinely provide the following services:

- Advise students and their parents regarding the importance of postsecondary education, coursework designed to prepare students for postsecondary education, and financial aid availability and requirements;
- Early mental health prevention and intervention;
- Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
- Substance abuse prevention and intervention;
- Suicide prevention, intervention, and postvention;

- Grief-informed and trauma-informed practices;
- Positive school climates, meaning the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the District, parents of those students, and personnel employed by the District;
- Positive behavior interventions and supports;
- Positive youth development; and
- Safe, supportive, and positive school climate.

Parental Consent

Under state law, an employee or contractor of the District must obtain the written consent of a child's parent before the employee or contractor may conduct a psychological or psychiatric examination or test, or psychological or psychiatric treatment ("mental health-related services"), unless the examination, test, or treatment is required under law.

These terms are defined by law:

- "Psychological or psychiatric examination or test" as a method designed to elicit information regarding an attitude, habit, trait, opinion, belief, feeling, or mental disorder or a condition thought to lead to a mental disorder, regardless of the manner in which the method is presented or characterized, including a method that is presented or characterized as a survey, check-in, or screening or is embedded in an academic lesson.
- "Psychological or psychiatric treatment" means the planned, systematic use of a method or technique that is designed to affect behavioral, emotional, or attitudinal characteristics of an individual or group.

A parent may opt-out of mental health-related services annually, and consent may be revoked or reinstated at any time with written notice signed by the parent.

A parent may not opt out of the following:

1. School district emergency responses;
2. Law enforcement or Department of Family and Protective Services activities;
3. Behavioral threat assessment required by law; or
4. Other rights or duties required by law, including the Texas Family Code.

Under state law, before administering a student well-being questionnaire or health screening form to a student, the district will provide a copy of the questionnaire or form to the student's parent and obtain the parent's consent to administer the questionnaire or the form. To that end, forms, screeners, and other documents that are routinely used in the process of providing counseling services to your child are attached.

Should the District recommend additional mental health care or the completion of a form or questionnaire not attached, the form will be provided to the parent and consent obtained before the form or services are provided to the student.

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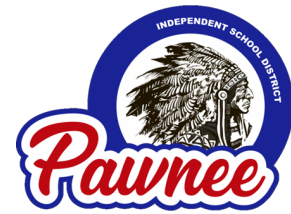
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2025-2026 School Year**

I acknowledge that Pawnee ISD has provided the required notice and opportunity to grant or deny consent regarding the district's mental health-related services for students for this school year, as required by law.

(Please print.)

Student's name: _____

Current grade level: _____

Campus: Pawnee ISD

I give written permission for my child, identified above, to receive mental health-related services as described in this form and to complete any forms and questionnaires attached:

- ☐ Yes, I consent to the completion of all attached documents and to the District providing all routine mental-health related services.
- ☐ No, I do not consent to the completion of any of the attached documents, nor do I consent to the District providing any routine mental health-related services.
- ☐ I consent to some but not all of the routine mental health-related services. I consent to the following:

Parent's signature: _____

Date: _____