



# Daleville City Schools

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Joshua Robertson  
Superintendent

Ted Folsom  
Assistant Superintendent

## OPT-IN FOR MENTAL HEALTH SERVICES

As of the date of my signature below, my child, \_\_\_\_\_, is under the age of 16 years old:

- ☐ Yes  
☐ No

If No, stop here.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health services:

- ☐ **Assessments/Surveys** – includes questionnaires provided to students related to social behaviors, feelings, etc.
- ☐ **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
- ☐ **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. [Note: Most school systems obtain written permission for outside counseling or one-on-one school counseling and will continue to do so. If that is the case, you may wish to add the following language to this paragraph: Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.]

You may rescind permission for a student to participate in mental health services at any time by providing written notice to school administration [Note: School systems who want parents to submit this notice to a particular person should simply insert the person's title in place of "school administration" (i.e., principal, school counselor, etc.)].

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

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

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

