

PINELLAS COUNTY SCHOOLS
INFORMED CONSENT FORM FOR SERVICES
PROJECT TIERS – COUNSELING SESSIONS

Pinellas County Schools is committed to supporting the well-being of all students. We are partnering with the University of South Florida via Project TIERS (Targeted and Intensive Emotional and Relational Supports), a federally funded program for providing mental health services in schools. Your child's data as it relates to the impact of services will not be used for research, now or in the future. Through this partnership, students attending select Pinellas County elementary schools were given the opportunity to be screened to see if they may benefit from additional emotional or social supports provided by the Project TIERS team in collaboration with school staff. You are receiving this current consent form because you agreed for your child to be screened and the results indicated that your child may benefit from the additional supports that are available. The information in this document should help you to decide if your child may receive these additional supports.

Informed Consent

Your child's participation is voluntary. As the legal parent/guardian of a student enrolled at _____, you must provide written informed consent if you would like your child to receive these services. You may withdraw your consent at any time. Whether or not you consent to services will not impact your child's grades or other opportunities at school.

Services To Be Provided

This consent form is for counseling services provided individually or with 1-2 other students through Project TIERS. These counseling services are designed to build coping skills, problem-solving skills, emotional well-being, and resilience. Counseling sessions will be facilitated by trained graduate students from USF's School Psychology program who will be supervised by a credentialed school psychologist. In addition to training on general cognitive-behavioral and dialectic behavior therapy principles and techniques, the graduate student facilitators will also have training and access to utilize the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Coping Cat, Skillstreaming, Strong Start, and Strong Kids intervention programs as a component of counseling sessions based on student need. Counseling sessions will take place weekly during the regular school day on the school campus. The Project TIERS team will work with your child's teacher(s) to schedule sessions during a weekly day and time that limits disruption to their regular academic schedule. Counseling sessions will not occur on non-school days (e.g., scheduled school holidays, cancellation due to hurricane). Counseling sessions are anticipated to last approximately 25-45 minutes each and run for approximately 10 to 16 weeks. Your child's teacher will fill out a brief rating of the skills they are learning. These data will help school personnel determine improvement over time in your child's ability to demonstrate skills targeted by intervention groups. These data will be shared with the Project TIERS team in accordance with PCS policies (see Confidentiality section below) to support the skill development of supervised facilitators and will not be used for research purposes.

By signing the current consent form, you agree that you understand that services are not a substitute for counseling outside of school, diagnosis, or medication, as these are not the responsibility of the school.

Benefits and Risks

There are no costs to you if your child participates. As the legal parent/guardian, you understand that there may be benefits and risks associated with participation in this intervention. Benefits include a better understanding of your child's strengths and needs, and the potential enhancement of their social skills, emotional well-being, and resilience. Initially, some children may feel discomfort when learning new well-being and resilience skills, but it is not anticipated that the discomfort will be any more than they would experience in the course of a typical school day. Your child's participation in this intervention is voluntary. Students will be asked if they want to join the session each day. If they come to their session and then communicate that they do not wish to stay, they will be escorted back to their assigned location.

Confidentiality

Your child's information will be kept private and confidential, as with all other student data in PCS. Only authorized individuals will have access to your child's data. Anyone with the authority to look at your child's information must keep it confidential.

In addition to the information described above, if you consent, we will share the following unidentifiable information with authorized Project TIERS staff: participating child's grade in school, child's race and ethnicity, and child's home language.

Child's Name _____ Teacher's Name _____

I, _____, am the legal parent/guardian of _____.
I have read, understand, and agree to the terms of the Project TIERS Consent for Intervention.

Please check one:

I give permission for my child to participate in Project TIERS counseling services.

I understand that consent is voluntary on my part and may be withdrawn at any time by signing and dating a written note requesting termination of services. If I later withdraw consent, I understand that the withdrawal of consent is not retroactive (i.e., it does not negate an action that occurred after consent was granted and before consent was withdrawn).

I do NOT give permission for my child to participate in Project TIERS counseling services. My child will not receive additional support provided through Project TIERS unless I later consent to services.

Legal Parent/Guardian Name _____

Legal Parent/Guardian Signature _____ Date _____