



CATHOLIC CHARITIES' COUNSELING SERVICES

St. John the Baptist Catholic School has partnered with Catholic Charities to offer school counseling services for their students. Tammy Gaff is a graduate student at Indiana University - South Bend, with a background in crisis assessments, addictions, and case management.

If you notice your child(ren) are behaving differently than usual, or if there are concerns you've been wanting help with, then consider talking with their teacher or principal about a referral for support. Some things to consider:

- School counseling is meant to be brief and not to replace mental health counseling needs
- If we are unable to fulfill your student's needs through school counseling, then the counselor will discuss with the parents the options for in-office mental health counseling
- A permission form must be completed for the counselor to see a student individually or in a closed small group format
- School counselors may also present lessons in the classrooms, coordinated through the classroom teacher; these do not require a permission form
- School counselors, as well as teachers and principals, are mandated reporters and may coordinate with DCS to ensure the well-being of students



**CATHOLIC
CHARITIES**
FORT WAYNE + SOUTH BEND

**Serving all those in need as Christ
calls us to do.**



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CONSENT FOR IN-SCHOOL SERVICES BY COUNSELOR

As the parent/legal guardian of _____, a student at St. John the Baptist Catholic School, I consent to my student meeting with the counselor who comes to the school. I understand that while the services provided by the counselor were recommended to help my child with issues that may be affecting school performance, talking about certain issues may also make my child feel uncomfortable at times. I understand that the counselor knows this, and that if the counselor thinks it is necessary, will help my child and I decide if this service should continue, focus on something else for a while, stop for a while, or seek other forms of treatment. I understand that I may talk with the counselor if I have any questions, and that while the counselor will maintain confidentiality, I will be informed of any issues of which the counselor becomes aware that might pertain to the safety of my child. I understand that I may withdraw this consent at any time by notifying the school counselor in writing of that decision. I understand that the cost of the service provided in the school, to my child, is covered by the school.

Student's Name: _____ Grade: _____ DOB: _____

Reason for counseling: _____

Parent Printed Name: _____

Address: _____

Phone: _____ Email: _____

Parent's Signature: _____ Date: _____

Catholic Charities Counselor's Name: Tammy Gaff, BS

*Ms. Gaff is in the school on Wednesdays.

She can be reached at: 260-422-5625 x259 or ceintern@ccfwsb.org

Counselor's Signature: _____ Date: _____