

RED CREEK CENTRAL SCHOOL DISTRICT

Telephone (315) 754-2070

Fax (315) 754-2077



Social Work Counseling Services

Dear Parent(s)/Guardian(s):

Students may wish to see me (the school social worker) for a variety of reasons including but not limited to: concerns about self-esteem, coping skills, stress management skills, peer interactions, anger management, divorce/separation/loss, and social skills. Students may be referred for counseling by parents, teachers, staff, the principal, or self. Students can see me periodically without having a signed consent on file; those who wish to see me on an ongoing basis should have a signed consent on file.

All content within sessions is kept confidential between the student and me, with the exception of threats to hurt his/her self or someone else or if the student reports any form abuse. Developing a trusting relationship is a key component in any counseling relationship, this means that I will not share information your child shares with me to others (parent, guardians, teachers, and school officials) unless there is eminent risk of the student harming themselves, harming someone else, they are being harmed, if there is a court order or if your child agrees to me sharing the information.

As a mandated reporter, I am required to report disclosures of abuse to the Department of Social Services.

The following are explanations of each form provided:

- **Parental Informed Consent:** This form allows your child to participate in counseling.
- **Problem Checklist:** This is a form which helps us to identify what specific areas that you and you and your child wish to work on in counseling. It also identifies your child's strengths.

I always enjoy hearing from parents. Please call me with any questions, concerns, or progress that you may wish to hear about or report.

Sincerely,

*Sharon Rosati LMSW, ACSW
School Social Worker
Red Creek Central School District*

Srosati2@rccsd.org
315.754.2070 x4256
315.754.2077 - FAX

** School counseling is not on-going mental health therapy. For serious concerns please contact Sharon Rosati for outside counseling resources.*

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Parent Informed Consent for Social Work Counseling Services

Child's Name: _____

I, the undersigned, _____ am fully aware of all the circumstances of my son's/daughter's participation in counseling services and I give the school my informed consent to provide these services.

Parent Signature

Date

Information will be treated confidentially.

***Confidentiality shall NOT be maintained where there is:

- Reason to suspect the occurrence of child abuse or neglect
- Where there is clear threat to do serious bodily harm to self and/or others
- Where a court intervenes under court order

Sharon Rosati LMSW, ACSW
School Social Worker

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Concerns Checklist for Parents

feels sad, often tearful
diminished pleasure in activities
weight loss/gain
difficulty sleeping
loss of energy
feelings of worthlessness
difficulty making decisions
thoughts or statements of wanting to die
makes careless mistakes
follows directions poorly
difficult maintaining attention
fails to finish tasks
often loses things
trouble remembering things
easily distracted difficulty sitting still
often "on the go"
difficulty waiting for a turn
wants to boss others
initiates fights, bullies others
has been physically cruel to people
has been physically cruel to animals
takes things that don't belong to him/her
starts fires
lies often
destroys property
swears and/or name calls
unpredictable behavior
loses temper easily
argues with adults
refuses to comply with rules
denies responsibility for actions
easily annoyed
often angry and resentful
birth of sibling

witnessed violent act
has been sexually abused
repetitive play
frequent nightmares
diminished interest in activities
sense of foreshortened future
has many fears
difficulty concentrating
irritability or anger outbursts
"walking on egg shells"
clings to parent
distress when separated from parent
refusal to go to school
need to sleep with parent
reluctant to be alone
repeated physical complaints
bedwetting
soiling
worries excessively
prefers to play by self
withdraws from group activity quickly
shyness
has difficulty expressing self
upset if makes mistakes
feelings easily hurt
talks bad about self
blames self if things go wrong
loss of a parent
divorce
parent in jail
loss of a family member
loss of animal
recent move
illness of family member

Please list at least THREE strengths of your child:

What is your view of the problem/concern?

What time are you available to talk with me?