

Nacogdoches Independent School District
302 Hughes Street
Nacogdoches, TX 75961

Consultation Consent Form

Student Name: _____ DOB: _____

Grade: _____ Classroom Teacher _____

Parent/Guardian: _____ Phone: _____

Email: _____

Dear Parent/Guardian,

In order to better serve your child, the school has requested a consultation in order to identify strategies that may develop skills in the following areas:

- Academic skills in reading
- Academic skills in math
- Academic skills in writing
- Behavior (i.e., academic engagement, self-regulation, motivation, and/or problem-solving)
- Other _____

Person/Team requesting consultation: _____ Phone: _____

The school would like to request a consultation from the following school specialist:

- Dr. Lisa McCleary
Licensed Psychologist #75965
Licensed Specialist in School Psychology #70636
Board Certified Behavior Analyst #1-14-9826
mcclearyln@nacisd.org
936-468-4071
- LSSP Intern supervised
by Dr. Lisa McCleary
- LSSP Practicum
Student supervised by
Dr. Lisa McCleary

The consultation will include the following components in order to identify the target skill, determine why it is occurring, identify strategies to strengthen the target skill and evaluate the effectiveness of recommended strategies. Contact will be ongoing with teachers and applicable members of student team until the goal of improvement for target skill(s) is met:

- Interview with the student
- Interview with the teacher(s)
- Observations of student, including gathering data on the frequency and/or duration of specific behaviors
- Other: _____

There is no cost associated with these services. Although we anticipate that these services will have a positive effect for your child which include improved skills in targeted areas, temporary undesirable outcomes sometimes occur. These could include a temporary increase in problematic behavior. If this occurs, it will be addressed by your child's support team.

Confidentiality about these services is protected, and sharing of information is limited to school staff who have a legitimate educational interest in your child. You have the right to view your child's educational records. In addition, your consent is required to release information to others except for certain exceptions as specified in federal law. Mental health providers practicing in a public school setting must comply with all applicable state and federal laws affecting the practice of school psychology, including but not limited to the Texas Education Code and the Family Education Rights and Privacy Act (FERPA).

There are some *limits of confidentiality*. For example, the law requires that suspected child abuse must be reported. Court ordered subpoenas might be used to obtain records. Unless there is a court order indicating otherwise, divorced parents have equal access to educational records. Additional limits to confidentiality (not all inclusive) include court orders, mandatory reporting requirements (e.g. state auditing purposes and the state of Texas Public Educational Information Management System PEIMS), and the disclosure of records to schools to which the student is transferring.

Date consent received: _____

Received by: _____

Nacogdoches Independent School District

302 Hughes Street

Nacogdoches, TX 75961

After the data collection is completed, the results of this consultation will be shared with you and your child's educational support team in the following way within 30 school days from the receipt of this consent form:

- Student Support Team Meeting
 - Written report
 - 504 Meeting
-

Please sign below to indicate whether or not you give consent for NISD staff to complete this consultation. Check the appropriate choice and sign where indicated.

- I give consent for the consultation specified above.
- I do not give consent for the consultation specified above.

Parent/Guardian Signature: _____

Date: _____

Date consent received: _____

Received by: _____