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# The World Learner School of Chaska

Consent for School Psychological Services  
Cris Leinendecker, Licensed School Psychologist  
Laura Jensen, Licensed School Psychologist

Dear Parent,

Your child has been referred for counseling services from the school psychologist who works with the school. This form is intended to inform you about and to obtain your written permission for this service.

**Description of Services and Benefits:**

School-based counseling sessions are intended to help your child build the necessary emotional, behavioral and social skills to overcome life challenges when they interfere with concentration, learning and social involvement with other students while at school. School-based counseling intervention from the school psychologist is not intended to be in-depth psychotherapy. However, individualized goals, and specific evidence-based strategies may be chosen in the course of the counseling sessions to help improve well-being. Sessions will occur on a routine basis, in a private informal setting with the school psychologist. Your child will be given time to talk, the opportunity to build a relationship, strategize, play games, make creative projects and receive coaching on new skills used or practiced.

**Limits of Confidentiality and Potential Risks:**

Information shared with me by your child, and any notes taken, will be kept confidential. While you retain a legal right to such information, please know that ensuring a promise of confidentiality to your child can greatly enhance a trusting, helping relationship.

There are only three situations in which I may break this confidentiality: with your written permission, by a judge's order, or if I believe that your child is at-risk of abuse or other serious harm. If I believe that a student is threatening serious bodily harm to another, I am [may be] required to take protective actions. For example, these actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the student. If the student threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Counseling sessions may include discussion of sensitive topics and difficult feelings, which may at times be upsetting to your child. Please know that at any time your child is at risk of harm, you will be contacted and informed immediately.

**If you agree with the plan and consent to this service**, please complete the information below and return to school to be received by the school psychologist.

Student Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Phone #(s): \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

If you have questions or concerns, or would like to discuss your child at any time, please contact me by email, through your child's teacher or by phone at the school.

Cris Leinendecker, Licensed School Psychologist  
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Laura Jensen, Licensed Clinical Psychologist  
[ljensen@wlschaska.org](mailto:ljensen@wlschaska.org)