

Holy Spirit Catholic School Division No. 4

**FAMILY SCHOOL LIAISON  
COUNSELLING HANDBOOK**



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# THE VISION OF HOLY SPIRIT CATHOLIC SCHOOLS

Holy Spirit Catholic Schools.... Christ-centered learning communities where students are cherished and achieve their potential.

## MISSION STATEMENT

We are a Catholic Faith Community, dedicated to providing each student entrusted to our care, with an education rooted in the Good News of Jesus Christ.

Guided by the Holy Spirit, in partnership with home, parish and society, our schools foster the growth of responsible citizens who will live, celebrate and proclaim their faith. Our Catholic Faith is the foundation of all that we do.

## WE VALUE

### ALL GOD'S CHILDREN

- We nurture the inherent spiritual, moral, intellectual, social, creative, physical, and emotional giftedness of everyone in our communities.
- We honor diversity.
- Our schools provide a welcoming safe and accepting sanctuary.

### EXCELLENCE IN LEARNING

- We provide opportunities for each and every student to discover and become the person God created him/her to be. If something doesn't work, we will try something else.
- We support and encourage the continued professional growth of all staff.
- We support and encourage Professional Learning Communities in all our schools.

### SACRAMENTALITY

- We see God and the wonder of His work in everything we do and in all the people we encounter.
- As disciples of God, we model Christ to the world.
- We celebrate the presence of God through prayer, liturgy and symbols of our faith.
- We practice Christian fellowship.
- We promote and practice social justice.

### OUR COLLABORATIVE COMMUNITY

- We share the responsibility of education with our students, parents, teachers and the parish community.
- We encourage and appreciate the active involvement of all who share in the mission of educating students in our schools.

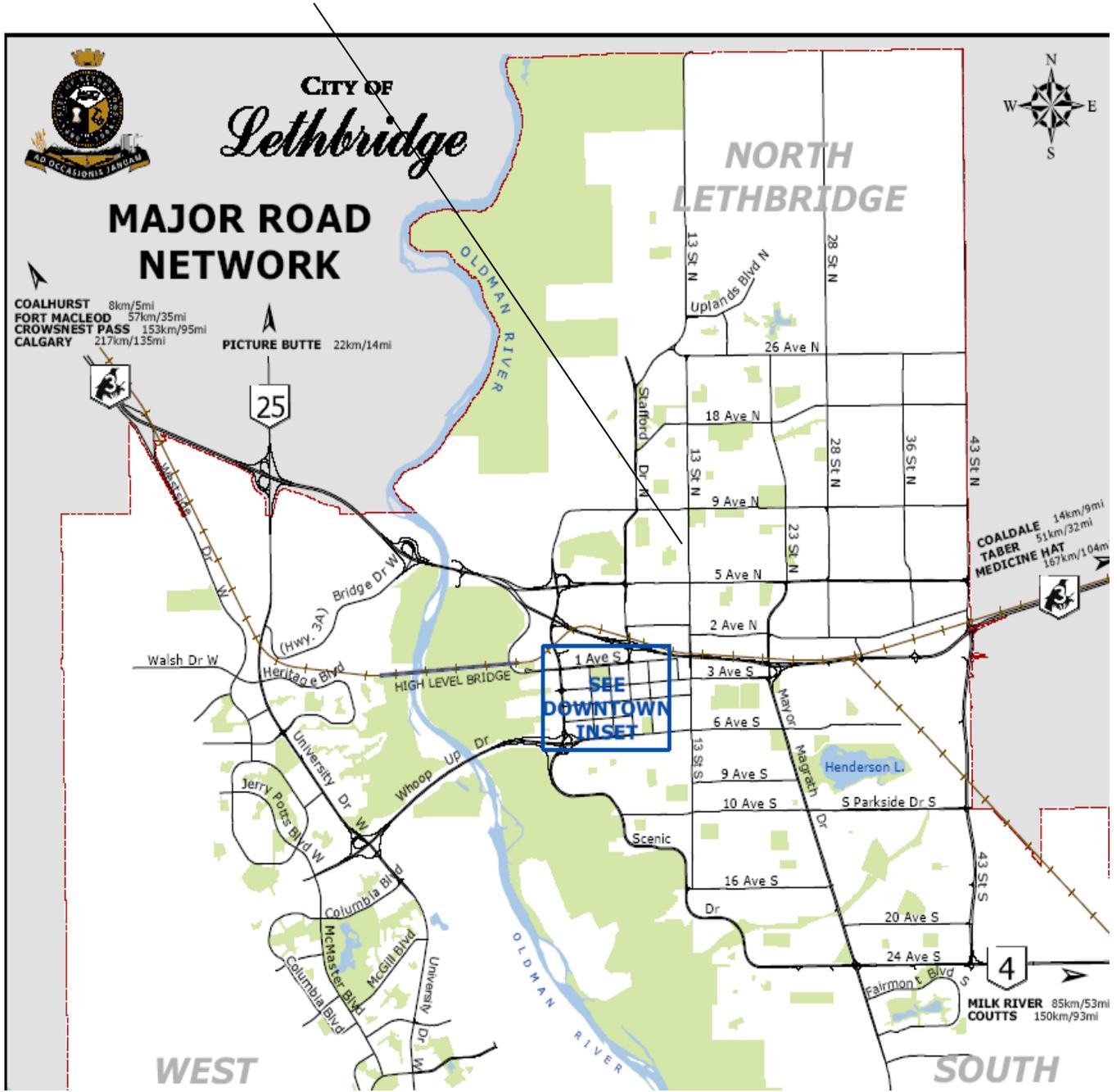
### MINISTRY

- We employ people who share our commitment to our Catholic faith and the promotion of Gospel values so that our schools provide living witness to Jesus Christ.
- We actively participate in the mission of the Church.
- We provide opportunities for faith development.
- We encourage and support the constitutional right to Catholic Education.

### STEWARDSHIP

- We respect and protect God's creation
- We ensure that our resources and efforts best serve the educational needs of all our students.
- We are accountable to our supporters and will operate in a fiscally responsible manner.
- We ensure that decisions are both fact and policy-based.
- We support and provide processes which promote fair and objective decision-making.
- We communicate in an open and transparent manner.
- We are receptive to our stakeholders.

# Locate Us: 620 12 St. "B" North, Lethbridge



## Family School Liaison Program Sponsors

The Holy Spirit Catholic School Division Family School Liaison Program is supported by an inter-agency partnership with our community partners, including:

- ▶ Southwest Regional Collaborative Service Delivery
- ▶ Pincher Creek Family and Community Support Services
- ▶ Southwest Alberta Child and Family Services
- ▶ Barons-Eureka-Warner Family and Community Support Services
- ▶ Lethbridge Regional Police Services
- ▶ Taber Police Service
- ▶ RCMP



## Family School Liaison Counselling Philosophy

School Counselling Services are an integral and essential component of the educational process for our

students as they progress through the educational system. The need for these services is dictated by the complexity of the human growth process, the demands on youth and the ever-changing nature of society.

Students will be provided with:

- ▶ Opportunities to develop knowledge and an appreciation of themselves and others;
- ▶ Opportunities to develop relationship skills, ethical standards and a sense of responsibility;
- ▶ Opportunities to acquire skills and attitudes necessary to develop educational goals which are suited to their needs, interests and abilities;
- ▶ Information which would enable them to make decisions about their life.

Families, school staff, the Catholic Church and partnering agencies contribute to the implementation of the counselling program, both informally and formally, as well as by identifying and referring students who have particular social, emotional or behavioral needs. Specific counselling functions require the intervention of family school liaison counsellors and select members of the learning team.



## **Program History and Introduction**

The Family School Liaison Program was developed in response to the identified needs of children and families in the communities of the Holy Spirit Catholic School Division: Pincher Creek, Picture Butte, Lethbridge, Coaldale and Taber. There are community, regional and provincial agencies operating within its boundaries whose mandate is that of working with children and families. These existing agencies have clear criteria that define when they can and, alternatively, when they cannot, provide service.

They would affirm there are children and families who require support, but do not fall within their prescribed operational guidelines. Therefore, Family School Liaison Counsellors “fill the gap.” They are the link that connects school, home, church and, when necessary, outside agencies. They are the conduit through which services are coordinated for children, families, and school personnel.

Children, students, and their families are the clients of the Family School Liaison Counsellors. Although counselors may work with groups of students, files will only be maintained for individual students receiving one-to-one counselling services. For purposes of aggregated data collection, a ‘client’ is a child / student who has received three or more individual counseling sessions.

The school setting is a natural, non-threatening environment to offer the support to children and families who may benefit from early intervention. A child who may be struggling at home and in the community may display his or her struggles at school. Early identification of difficulties enables successful, timely, intervention with families. The Family School Liaison Counsellor provides services to all students within the school setting he/she serves. The counsellor works in a pro-active capacity, guiding students in maximizing their potential thus, the overall program goal.

A focus for the Family School Liaison Program is to ensure that program delivery and content is consistent within the jurisdiction and aligned with programs regionally. Communication is ongoing through the Student Health Initiative partnerships and regional Family School Liaison Regional Advisory Committee. Information is exchanged regularly and all partners work toward the seamless integration of services for students and families.

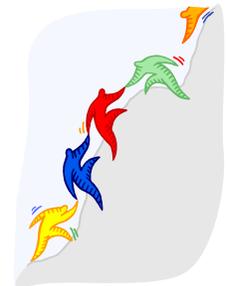
## Program Services

The Family School Liaison Counselling Program creates a valuable link between home, school and other agencies as required. The program provides services directly to the child and family at their home, the school or a mutually agreed upon community site. These services are free and available to any family with students attending the Holy Spirit Catholic School Division.

Program services are being divided into four categories:

1. Counselling:

- ▶ The primary role of the Family School Liaison Counsellor is to provide individual or small group counselling sessions with children.



2. Prevention/Educational Programming:

- ▶ Supporting safe and caring school initiatives.
- ▶ Facilitating presentations/workshops on identified areas of need for students, families and school personnel. These may include supporting Safe & Caring Schools initiatives & faculty presentations within the community.

3. Community Liaison:

- ▶ Family School Liaison Counsellors provide liaison with community agencies and links between school personnel and appropriate community agencies' personnel.

4. Crisis Intervention:

- ▶ Risk / Threat assessment and post-crisis intervention.

## The Role of the Family School Liaison Counsellor

The Family School Liaison Counsellor works within the school environment to support children/ students experiencing emotional and/ or behavioral problems and their families. The counsellor has a pivotal role in:

- ▶ Counsel/ support students and families as members of a faith-based community.
- ▶ Enhancing family situations through supporting, education and referral.
- ▶ Partner with school-based resource teams and community-based professional teams to meet the needs of students/ families.
- ▶ Participate on the school-based Threat Assessment Team, and Post-Crisis Response Team.
- ▶ Support school-wide prevention programs
- ▶ Co-ordinate classroom presentations.
- ▶ Liaise with community agencies and participate in special community projects.
- ▶ Co-ordinate services with Native Liaison workers and/or native band representatives, when applicable.
- ▶ Support school personnel as needed.
- ▶ Referring students and their families, as required, for therapeutic services.

The role of the Family School Liaison Counsellor is to utilize a pro-active approach to assisting students and their families in managing difficult issues. In crisis situations, the Family School Liaison Counsellor may be a member of the responding school-based team.

### Reasons for Referral

- ▶ Behavioral concerns
- ▶ Social issues
- ▶ Emotional needs
- ▶ Medical issues
- ▶ Family concerns



## Referral Process

Referrals will originate from students, parents, teachers, principals, and/or representatives from other community agencies.



The following are considered necessary in a referral:

### 1. Criteria for Referral:

- ▶ The child must be enrolled in school.
- ▶ The child and/or family must be willing to receive counselling or other related services (with written consent).
- ▶ The primary problem does not centre around medical/organic difficulties. Special cases may be referred to the Director of Support Services.
- ▶ Students 16 years of age and older may access counselling services without parent/ guardian permission.

### 2. Process for Counselling Services:

- ▶ A parent, teacher or principal who is concerned about a child is asked to fill out the referral form. All information written on the referral form will be made available to the parents/legal guardians. It is the referring party's responsibility to contact the family for parental permission.
- ▶ The referring party will make initial contact with the parents/legal guardians and the Family School Liaison Counsellor will follow-up with intake.
- ▶ Obtain administrator's signature. Upon receipt of the completed referral form and following parental notification, as part of the intake process, the Family School Liaison Counsellor will make contact with the parents/legal guardians to discuss the child's needs and explain informed consent.
- ▶ Parents/legal guardians will sign consent for service for students under the age of 16.
- ▶ At the discretion of the Family School Liaison Counsellor, a student can be seen one time, without verbal parental/ guardian consent.

## Case Closure Process

The child, youth and family will exit counselling services when:

### 1. Criteria:

- ▶ The Family School Liaison Counsellor recommends case closure with the family, student and involved professionals, OR
- ▶ The child/family decline continuation of services, OR
- ▶ The child/family is referred to another agency. Continuing Family School Liaison Counsellor involvement will be determined in consultation with the family and receiving agency.
- ▶ The child is no longer a student of the school.

### 2. Closure Protocol:

- ▶ Following a final contact with student and family, files close at the end of each school year. Parents / guardians will receive a closure / termination letter and are notified as to their option of continuing counselling services the next school year and thus their opportunity to re-refer.
- ▶ Correspondence will be placed in each student's cumulative file indicating termination.
- ▶ Students age 16 years or older may access counseling without parent / guardian permission.
- ▶ With consent of families, the Family School Liaison Counsellor will consult with receiving school personnel to facilitate transition planning as needed.

## Confidentiality

Information related to children, youth and their families shall be treated as confidential information and shall not be published, released or disclosed to unauthorized persons or agencies without signed parental consent.

Family School Liaison Counsellors in the Holy Spirit Catholic School Division are bound by each individual professional association. The Family School Liaison Counsellor will only disclose information to persons, who by virtue of their responsibilities have an identified need to know, and only for the purpose of helping the child.

The Family School Liaison Counsellor will protect the confidentiality of professionally acquired information and the disclosure of such information will occur only when properly authorized (ex. parental consent) or when obligated legally or professionally to do so.

For example, conditions that supersede the parameters of confidentiality are:

- ▶ If the parent gives the Family School Liaison Counsellor prior written permission to have information released.
- ▶ If there is a possibility of harming oneself or others.
- ▶ If the abuse of a child is involved.
- ▶ If the Family School Liaison Counsellor is subpoenaed by court to release a file.

*Parents/legal guardians and students need to be informed of these limitations.*



## Code of Ethics

The purpose of an ethical Code of Conduct is to provide a guide for professional behavior and the maintenance of a high professional standard of practice. In recognition that professional judgments and situational circumstances guide ethical conduct, the Family School Liaison Counsellor will follow the code of ethics outlined by each individual professional organization to which they belong.

At all times, the Family School Liaison Counsellor will:

- ▶ act in the best interest of the student and family;
- ▶ follow the guidelines of confidentiality;
- ▶ establish trust relationships with the students and families;
- ▶ recognize their own competence and make appropriate referrals where necessary;
- ▶ inform students/parents/legal guardians of the general overview of the service (ex. goals, techniques and time frame) upon initial contact.

*See appendix D: Family School Liaison Counselor Oath of Confidentiality*

## Declaration of the Family School Liaison Counsellor

- ▶ I will regard the well-being of the persons I serve as my primary professional obligations.
- ▶ I will fulfill my obligations and responsibilities with integrity.
- ▶ I will be competent in the performance of the services and functions I undertake on behalf of the persons I serve.
- ▶ I will act in a conscientious, diligent manner.
- ▶ I will respect the intrinsic worth of persons I serve in my professional relationships with them.
- ▶ I will protect the confidentiality of all professionally acquired information. I will disclose such information only when properly authorized, when obligated legally or professionally to do so.
- ▶ I will ensure that outside interests do not jeopardize my professional judgment, independence or competence.
- ▶ I will work for the creation and maintenance of workplace conditions and policies consistent with the standard set by this code.

## File Management

The following are the necessary components that must be kept on record for each client:



- ▶ Referral Form for service
- ▶ Parental Consent Form
- ▶ Authorization for Release of Confidential Information (if required)
- ▶ Counselling Goals
- ▶ Counsellor Case notes
- ▶ Relevant student work
- ▶ Letter of File Closure or File Closure Notice

## Annual Reporting

Family School Liaison Counsellors are responsible for submitting an annual report by the first week in July, each school year.

Reports will contain the following:

- ▶ Title page
- ▶ Program overview (standard)
- ▶ Program mission
- ▶ Program outcomes
- ▶ Profile of services provided:
  - details and number of students served;
  - prevention and education programs;
  - intervention supportive counselling (student, parent, staff);
  - crisis intervention (i.e. threat assessments); and committee involvement;
  - professional development, activities for the year with a brief overview of the rationale and benefits.



*Annual reports will be submitted to the Director of Support Services*

## Family School Liaison Counsellor Evaluation Process

The process outlined below and the lists of performance areas comprise an evaluation format for Family School Liaison Counsellors in their first year of employment. The evaluation process will involve the Director of Support Services and the Family School Liaison Counsellor and associated school principals. School principals would be asked to provide a summary of the counsellor's involvement with their respective school communities.

### Purpose:

The purpose of the evaluation is to:

- ▶ provide feedback to the counsellor;
- ▶ foster professional growth;
- ▶ recognize and affirm counselling practices;
- ▶ assure services provided are according to standards set by Holy Spirit Catholic Schools.

### Process:

The process will consist of three phases pre-conference, observation and post-conference. It will be inclusive of the roles & responsibilities of Family School Liaison Counsellors.

### Pre-conference:

The Family School Liaison Counsellor will articulate:

- ▶ the situation to be observed;
- ▶ the expected outcomes and
- ▶ necessary background information.



### Observation:

The observation, as described by the Director of Support Services, will be based on:

- ▶ what the counsellor is doing (skills, strategies);
- ▶ what the student(s) is/are doing (skill practice, self-involvement);
- ▶ what did the student(s) learn/gain (knowledge, skills, insight).

### Post-conference:

- ▶ The Director of Support Services and the Family School Liaison Counsellor discuss the observations. Recommendations and affirmations of practice would be included in post-conference setting. The Director of Support Services, would issue a written report following a minimum three site visits and a consultation with the counsellor.

## Resources

1. Freedom of Information and Protection of Privacy:  
[\*Guide to Providing Counselling Services in School Jurisdictions\*](#)
2. Prince Edward Island Department of Education-Handbook for School Counsellors, June 2005.  
[\*School Counseling Services: Standards and Guidelines\*](#)
3. [Southwest Alberta Child and Family Services Authority](#)
4. [Child, Youth and Family Enhancement Act](#)

## **APPENDICES**

<i>Referral Form</i>	<i>Appendix A</i>
<i>Parental Consent for Counselling</i>	<i>Appendix B</i>
<i>Case Conferencing Format</i>	<i>Appendix C</i>
<i>Confidentiality of Information</i>	<i>Appendix D</i>
<i>Authorization for Request / Release of Confidential Information</i>	<i>Appendix E</i>
<i>Consent for Observation</i>	<i>Appendix F</i>
<i>Intake Assessment Form</i>	<i>Appendix G</i>
<i>Counselling File Closure</i>	<i>Appendix H</i>
<i>Counselling Treatment Plan</i>	<i>Appendix I</i>
<i>Letter of Counselling Termination</i>	<i>Appendix J</i>
<i>Student Consent Form</i>	<i>Appendix K</i>



HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

FAMILY SCHOOL LIAISON PROGRAM REFERRAL FORM

Student Name: \_\_\_\_\_ Date Referred: \_\_\_\_\_  
 (d/m/y)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 (d/m/y)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

FAMILY DATA	
Parent / Guardian Relationship to student: _____ Student resides with this person <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent / Guardian Relationship to student: _____ Student resides with this person <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Name _____
Address _____	Address _____
City / Postal Code _____	City / Postal Code _____
Phone (Home) _____ (Work) _____	Phone (Home) _____ (Work) _____
Cell / Other _____	Cell / Other _____
E-mail address _____	E-mail address _____

Parents Contacted by \_\_\_\_\_

Reason for Referral \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check all that apply

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> Abusing others     | <input type="checkbox"/> Decision-making          | <input type="checkbox"/> Friendship/ relationships | <input type="checkbox"/> Nightmares        | <input type="checkbox"/> Stress            |
| <input type="checkbox"/> Academic concerns  | <input type="checkbox"/> Depression               | <input type="checkbox"/> Insecurity/low            | <input type="checkbox"/> Obsessions        | <input type="checkbox"/> Substance abuse   |
| <input type="checkbox"/> Alcohol            | <input type="checkbox"/> Divorce/separation       | <input type="checkbox"/> self-esteem               | <input type="checkbox"/> Physical ailments | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Ambition           | <input type="checkbox"/> Drugs/alcohol use        | <input type="checkbox"/> Loneliness                | <input type="checkbox"/> Sad               | <input type="checkbox"/> Victim            |
| <input type="checkbox"/> Anger/acting out   | <input type="checkbox"/> Eating disorder          | <input type="checkbox"/> Looks/acts tired          | <input type="checkbox"/> Self-control      | <input type="checkbox"/> Work habits       |
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> Emotional/physical abuse | <input type="checkbox"/> Loss/grief                | <input type="checkbox"/> Sexuality         | <input type="checkbox"/> Shyness           |
| <input type="checkbox"/> Bullying           | <input type="checkbox"/> Family Concern           | <input type="checkbox"/> Memory                    | <input type="checkbox"/> Sleep/insomnia    |  |
| <input type="checkbox"/> Concentration      | <input type="checkbox"/> Fears/anxiety            | <input type="checkbox"/> Nervous/irritable         | <input type="checkbox"/> Social skills     |  |

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Family School Liaison Counsellor \_\_\_\_\_ Date \_\_\_\_\_



HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION  
 FAMILY SCHOOL LIAISON PROGRAM REFERRAL FORM  
 PARENT / GUARDIAN CONSENT FOR STUDENT TO RECEIVE COUNSELLING SERVICES

I \_\_\_\_\_ understand the following:  
 (Parent/guardian name) Please print

- ▶ confidential information may need to be shared (in certain circumstances)
- ▶ the counselling process, and its risks and benefits
- ▶ the storage of the student’s counseling file
- ▶ access to the counseling file
- ▶ student’s and/or family member’s rights in counselling

I agree that I am legally authorized to give permission for counselling services. The terms of guardianship are as follows:

- No Guardianship Exists                       Joint Guardianship
- Sole Guardianship                               Child Welfare Authority
- Other \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to receive counseling services through the  
 (student’s name)

Holy Spirit Roman Catholic Separate Regional School Division #4 Family School Liaison Counseling Program.

I understand that this consent will be valid until the end of the current school year or until such permission is rescinded by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/guardian signature)

*Note: This copy shall remain on file.*



# HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

## FAMILY SCHOOL LIAISON – CASE CONFERRING FORMAT

Student: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Questions for Conferencing:

- ▶ What issues are you looking for feedback on today?

Referral Source:

- ▶ Who referred the child to you?

Presenting Problem

- ▶ Why was the child referred to you?

Family Map

- ▶

Teachers Observations:

- ▶ Presenting problem
- ▶ Academic performance
- ▶ Interaction with peers

Parent's Observations

- ▶ Presenting problem
- ▶ Behavior at home / school

Child's Comments

- ▶ Presenting problem

Counselling to Date:

- ▶ Number of sessions held
- ▶ Strategies used with child and child's response to these



## HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

### FAMILY SCHOOL LIAISON – CONFIDENTIALITY OF INFORMATION

It is the policy of the Board that information related to children and their families be treated as confidential information and shall not be published, released or disclosed to unauthorized persons or agencies.

1. Authorized agencies or persons may include the client and his/her legal representative, any agency responsible for continuing treatment, or professional school personnel who are subject to provisions of the Alberta Teachers' Association Code of Ethics regarding confidentiality, which states:

*The teacher may not divulge information about a pupil in confidence or in the course of professional duties except as required by law or where, in the judgment of the teacher, to do so is in the best interest of the pupil.*

2. Release of information to agencies or persons not covered by Section (1) will require the written consent of the parent(s)/guardian(s) of the child involved or his/her legal representative, and with the permission of the Superintendent or designate.

I have read the policy of the agency on confidentiality and hereby agree, as a condition of employment, not to release, publish or disclose any information relating to clients or patients, learned by reason of employment with the agency, to any unauthorized person or agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

FAMILY SCHOOL LIAISON – AUTHORIZATION FOR  
REQUEST / RELEASE OF CONFIDENTIAL INFORMATION

I/We \_\_\_\_\_ give permission to the Family School Liaison Counsellor  
(parent/guardian)

\_\_\_\_\_, Holy Spirit Roman Catholic Separate Regional School Division #4 to give/receive the  
(counsellor's name)

following information about my child \_\_\_\_\_ and our family:  
(student's name)

To / from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(full contact information)

For the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific description of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Family School Liaison Counsellor who will request/release information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(full contact information)

I/we understand that this consent will be valid until the end of the current school year or until such  
permission is rescinded by me.

Date this consent is in effect: \_\_\_\_\_

Date this consent expires: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This copy shall remain on file.



HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION  
 FAMILY SCHOOL LIAISON – CONSENT FOR OBSERVATION

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The Family School Liaison Program often finds it helpful to conduct observations of counseling sessions. Observations may be made by the Director of Support Services, a practicum student, or another Family School Liaison Counsellor. This is a valuable way to enhance counsellor education and supervision as well as to ensure quality service for you / your child.

I \_\_\_\_\_ give permission for  
 (parent / guardian)

\_\_\_\_\_ to observe  
 (name of observer and title)

\_\_\_\_\_ during counseling sessions with the Family School Liaison Counsellor  
 (name of student)

Date this consent is in effect: \_\_\_\_\_

Date this consent expires: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: This copy shall remain on file*



# HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

## FAMILY SCHOOL LIAISON – INTAKE ASSESSMENT FORM

Student: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

- ▶ Marks:
- ▶ Attendance
- ▶ Discipline issues
- ▶ Problems with students (harass?):
- ▶ Problems with teachers
- ▶ IPP
- ▶ Relevant history (schools attended, relationships, bullying, academic, etc):
- ▶ Overall attitude

### Family:

Genogram attached:  Yes  No

Marital status of biological parents:  married  divorced  separated  widowed  other

Current marital status of primary caregiver:  remarried  single parent  other

Custody status:  joint  sole  N/A  guardian

Access arrangements:  Occasional  frequent  none

- ▶ Parental relationship
  
- ▶ Parent / child relationship
  
- ▶ Sibling relationship
  
- ▶ Other:
  
- ▶ Family atmosphere
  
- ▶ CW involvement / concerns (past / present)
  
- ▶ Family problems: (drugs / alcohol, criminal activity, financial, occupational, mental illness, suicide, health issues, history or current child abuse / family violence etc.)
  
- ▶ Family strengths / successful coping strategies

### Social

- ▶ Friends
  
- ▶ Issues with friends / peer group
  
- ▶ Social skills
  
- ▶ History

Adolescent concerns:

- ▶ Alcohol / drug use
- ▶ Smoking
- ▶ Criminal history
- ▶ Boyfriend / girlfriend
- ▶ Sexual activity
- ▶ BC / STD / Pregnancy
- ▶ Female issues
- ▶ Puberty issues

Psychological / emotional concerns:

Emotional Status: How often? Severity? 5 = lots / always Comments (where, when, who, etc.)

- ▶ Happy 0 – 1 – 2 – 3 – 4 – 5
- ▶ Sad 0 – 1 – 2 – 3 – 4 – 5
- ▶ Fears 0 – 1 – 2 – 3 – 4 – 5
- ▶ Anger 0 – 1 – 2 – 3 – 4 – 5
- ▶ Self-concept 0 – 1 – 2 – 3 – 4 – 5

Other factors (check appropriate boxes, explain)

- Depression (eating, sleeping, energy, mood, somatic concerns, other)
- Suicide risk (thoughts, attempts, history, current level of risk)
- ADD/ADHD    OCD    Anxiety    Specific psycho/social stressors
- SIV    Eating Issues    ODD/Conduct    Violence/Bullying    Other

Explanations / Comments:

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Agency Involvement (past / present):

- ▶ Counselling:
  
- ▶ Other:
  
- ▶ Past experiences / success:

Medical:

- ▶ Dr. / Psychiatrist
  
- ▶ Previous medical history
  
- ▶ Current medical condition
  
- ▶ Diagnosis
  
- ▶ Medications

Child Development History:

(Difficulties at birth, developmental delays, emotional difficulties, temperament, etc.)

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Risk Assessment (red flags):

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Previous Crisis Training:

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Strengths:

- ▶ Personal strengths (resiliencies, attitude, humor, personality, characteristics, etc.):
  
- ▶ Current coping strategies / support  
(extracurricular activities =, hobbies, interests, special relationships etc.)

Additional Concerns / Difficulties:

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Other Assessment Tools / Scores / Outcomes:

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Counselling Goals:

FSLC \_\_\_\_\_ Date completed \_\_\_\_\_

Participants: \_\_\_\_\_





# HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION

## FAMILY SCHOOL LIAISON – COUNSELLING PLAN

1 Goal:

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Strategies:

- ▶
- ▶
- ▶

This goal will have been reached when: \_\_\_\_\_

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2. Goal:

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Strategies:

- ▶
- ▶
- ▶

This goal will have been reached when: \_\_\_\_\_

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3. Goal:

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Strategies:

- ▶
- ▶
- ▶

This goal will have been reached when: \_\_\_\_\_

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HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION  
 FAMILY SCHOOL LIAISON – COUNSELLING FILE CLOSURE LETTER

To the parent/guardian of \_\_\_\_\_

This letter is to inform you that the services provided by the Family School Liaison Counsellor will end as of the date of this letter. The following is a brief summary of services provided and recommendations, if applicable. This also serves as a reminder that, since the file will be closed, it will be necessary to contact the counsellor again in the new school year, and a new Parental Consent Form will need to be signed, should services need to continue.

If you have any questions, please feel free to contact the school counsellor.

Goals of counselling:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Progress:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of Sessions/Services Provided:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List of Resources/Referrals:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for the opportunity to work with you and your child (ren).

\_\_\_\_\_  
 Family School Liaison Counsellor

\_\_\_\_\_  
 Date



HOLY SPIRIT ROMAN CATHOLIC SEPARATE REGIONAL SCHOOL DIVISION  
 FAMILY SCHOOL LIAISON – STUDENT CONSENT FORM

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I, \_\_\_\_\_, consent to receive counselling services  
 (name of student)

from the Family School Liaison Counsellor. I understand that, being at least 16 years of age, I can sign my own consent for counselling. I agree that this is a voluntary program and I have the right to terminate services at any time. I understand that the time I spend with the counsellor is kept confidential unless my safety or the safety of others becomes a concern and the Family School Liaison Counsellor is legally or professionally obligated to report. I also understand that information shared with my parents/guardians will be of a general nature and the counsellor will let me know if he/she feels it is necessary to contact my parents before making that contact. I can, at that time, refuse to allow that contact unless deemed necessary by law. I understand that the counsellor and I will be participating in a variety of activities as related to counselling services and that I have the right to refuse any activities with which I am not comfortable. I understand that this consent will be in effect until the end of the school year or until I choose to terminate services.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

*Note: This copy shall remain on file*