

Student Last Name:		First Name:		
Grade: 9 10	Referred via:	Teacher	D/F List	Admin Counselor
Period 4 Teacher/Room:		Time:		
Grades:				

**Sierra High School  
Peer Resource  
Informed Consent for One-on-One Counseling**

This intervention is designed for your benefit. Participation is expected to build skills and boost motivation that will result in improved school performance and enhanced self-esteem. However, the intervention does not produce automatic results. You must take charge of yourself and your decisions to make this process work for you.

Services provided are confidential except under the following conditions:

1. Communicating with school personnel on the "need to know" basis
2. Threats of harm to self or others
3. Suspected harm of a minor, dependent adult or elder
4. Violation of the law
5. Outside referral to counselor due to scope of practice

By adhering to the above stated guidelines, the value of the intervention will increase, and personal growth will occur.

I have read and understood the purpose of One-on-One sessions at Sierra High School . I plan to adhere to all guidelines and confidentiality codes.

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

\_\_\_\_\_  
Peer Resource Member                      Date