



To Parents:

We want you to know that our first and foremost concern is for your child. His or her confidentiality will be protected by HIPPA standards (see Turn About privacy rights on this web site) as well as by the Florida licensing laws for mental health and substance abuse counseling. No information gathered by the Turn About Masters or PhD level counselor will ever go into any school file without your expressed permission. Turn About files are stored in a secure file room on Turn About property and managed by licensing and accrediting regulations.

With the approval of Leon County Schools and with your written or verbal permission to the Turn About counselor who calls you or to your child's school administrator or guidance counselor, Turn About provides specific behavioral assessments, substance use/ abuse screenings, and/or screenings for victimization of violence or abuse. Our goal is to intervene with your child, if needed, as early as possible to prevent slipping into behaviors that could interfere with his/ her high performance in school.

What you are giving the Masters or Doctoral level Turn About Counselor permission to do:

1. Gather information on your child's attendance at school
2. Gather information on academic performance, current and past
3. Gather behavioral information from teachers, if appropriate
4. The Masters or Doctoral level Turn About counselor will conduct a confidential, in-depth interview with your child
5. The Turn About counselor will look at all gathered information and make a professional recommendation which will be given to the student's parent(s) or legal guardian(s).

***There is no charge for these assessments done in the school.

If you are agreeable to the above, please call your school guidance counselor or the Turn About counselor who called you to give permission for this assessment. The Turn About phone number: (850) 671-1920.

I give permission for my child, _____, to be assessed by the Turn About counselor at _____ School. This permission is given on _____ date. I assert that I am my child's legal guardian.
Signature _____

Parental permission may NOT be given via e-mail, but a parent may request a call from a Turn About counselor via e-mail. Specific counselor e-mails are listed under staff or you may send your e-mail to KWaters@TurnAbout.org (Clinical Dir); BBurkhardt@TurnAbout.org (CVRR Dir); or BGilbertson@TurnAbout.org (Ex Dir)