



Dear Parents/Guardians,

As part of the counseling program at Village High School, students have the opportunity to participate in individual and/or group counseling services provided by the Portia Bell Hume Behavioral Health and Training Center (aka The Hume Center). Topics that may be discussed in counseling sessions include relationships, motivation, conflict resolution, overcoming obstacles, facing challenges, social support and making positive decisions. It is our school's belief that students can benefit from these services in ways that will help them now and well into the future.

Group sessions will be scheduled through rotating class periods, meeting once a week for approximately 6-8 weeks. Students are instructed to check in with their teachers and make up missed assignments. They are told to remain in class for tests and important in-class instruction. Individual sessions are scheduled on an as needed basis.

All information shared is considered *confidential*. However, in some cases, information may be released to an appropriate agency without prior student and/or parent consent. These limits of confidentiality include:

- Cases of child abuse or neglect
- Cases of danger to self or other
- Possession of weapon, dangerous object or alcohol/drugs on campus
- The student being under the influence of alcohol or drugs on campus
- The selling of alcohol or drugs on campus
- A court order
- An emergency

The Village staff supports all counseling services. If you would like your child to participate, please sign below and return to the main office. This permission slip is valid for the academic year of 2011-2012. If you have any questions, please feel free to contact the office at (925) 426-4260. For the Hume Center, Contact Lourdes Valdez, Psy.D, Program Coordinator at 39420 Liberty Street Suite 140, Fremont, CA 94538, (510) 745-9151 or at humevillage@humecenter.org.

Sincerely,

Greg Giglio
Principal, Alternative Education

I _____, as the legal guardian/Parent of _____ a student at Village High School, give permission for information regarding my student's schedule, attendance, and information relevant for the purpose of coordination of services to be shared between the Hume Center and Village High School Staff [] Yes [] No

Student's Signature Date

Legal Guardian/Parent Date