

MENTAL HEALTH PERMISSION FORM

As part of Endeavor Academy's commitment to meeting the emotional and academic needs of our students, support services are available through the school social worker or school psychologist. These services include crisis intervention, brief mental health check-in and groups. Groups may include: Women's Group, Anxiety Group, Grief/Loss Group, Aggression Replacement Education, Resiliency Education, Social Problem Solving and Substance Abuse.

Emphasis is placed on developing problem solving strategies and coping skills such as calming, focusing, appropriate communication, personal responsibility, peer pressure, triggers and reducing risky behaviors.

These groups are run by Mrs. Ashlee Davis, MSW School Social Worker and Ms. Jennifer Gherardini, Ed.S School Psychologist. Students will miss all or part of an academic class, or their advisory class in order to receive services.

Parent permission is required for a student to participate in a group or have contact with the mental health specialist more than once. Individual meetings and groups are confidential so students can feel comfortable working on serious problems. However, if issues of safety emerge, such as serious depression, suicide, or unsafe behaviors in the community, parents are immediately notified and interventions are identified.

Please sign below to give permission for your child to access these services. You can revoke your permission at any time by contacting either of the staff below. We consider it a privilege to assist your student in supporting with issues that often get in the way of academic success. If you have any questions, please contact Ashlee Davis, MSW 720-886-7237 or Jennifer Gherardini, Ed.S 720-886-7229

Ashlee Davis, MSW
School Social Worker

Jennifer Gherardini, Ed.S
School Psychologist

Student Name: _____ (print)

Grade: 9 10 11 12

- I give permission for my student to meet with the school mental health specialist about concerns they are having.
- I do not give my permission for my student to meet with the school mental health specialist.

Parent/Guardian Signature

Date