

School Counselor Handbook

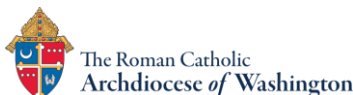


Catholic Schools
A Faith-Based Education
that Lasts a Lifetime

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Information in this Manual was obtained at the time of printing (2022).
Consult appropriate sources for updates.



Definition of a School Counselor

School counselors work to maximize student success, promoting access and equity for all students. As vital members of the school leadership team, school counselors create a school culture of success for all.

School counselors help all students:

- apply academic achievement strategies
- manage emotions and apply interpersonal skills
- plan for educational transitions

Appropriate duties include providing:

- individual student academic planning and goal setting
- school counseling classroom lessons
- short-term counseling to students
- referrals for long-term support
- collaboration with families/teachers/ administrators/ community for student success
- advocacy for students at Catholic Accommodation Plan meetings and other student-focused meetings
- data analysis to identify student issues, needs and challenges
- acting as a systems change agent to improve equity and access, achievement and opportunities for all students

*adopted from <https://www.schoolcounselor.org/getmedia/ee8b2e1b-d021-4575-982c-c84402cb2cd2/Role-Statement.pdf>



The Roman Catholic
Archdiocese of Washington

The School Counselor and Student Mental Health

The American School Counselor Association (ASCA) position statement “*The School Counselor and Student Mental Health*” speaks directly to the school counselor’s role in student mental health.

School counselors work to support mental wellness on a continuum of care, or a tiered system, using evidence-based practices:

- Tier 1 - services and interventions intended for all students; they are developmental in nature and are aimed at prevention.
- Tier 2 – services and interventions directed at specific concerns (e.g., divorce/separation, bullying, conflict resolution, emotional regulation, grief/loss); interventions may be proactive or reactive.
- Tier 3 - crisis intervention and wraparound services; students who need Tier 3 mental health counseling support are also referred to external mental health practitioners in the community for ongoing help.

The School Counselor’s role:

- Deliver instruction that proactively enhances awareness of mental health; promotes positive, healthy behaviors; and seeks to remove the stigma associated with mental health issues
- Recognize mental health warning signs including changes in school performance and attendance, mood changes, complaints of illness before school, increased disciplinary problems at school, problems at home or with the family situation (e.g., stress, trauma, divorce, substance abuse, exposure to poverty conditions, domestic violence) communication from teachers about problems at school, and dealing with existing mental health concerns.
- Provide short-term counseling and crisis intervention focused on mental health or situational concerns such as grief or difficult transitions
- Provide referrals to school and community resources that treat mental health issues (suicidal ideation, violence, abuse and depression) with the intent of removing barriers to learning and helping the student return to the classroom
- Educate teachers, administrators, families and community stakeholders about the mental health concerns of students, including recognition of the role environmental factors have in causing or exacerbating mental health issues, and provide resources and information
- Advocate, collaborate and coordinate with school and community stakeholders to meet the needs of the whole child and to ensure students and their families have access to mental health services
- Recognize and address barriers to accessing mental health services and the associated stigma, including cultural beliefs and linguistic impediments



- Adhere to appropriate guidelines regarding confidentiality, the distinction between public and private information and consultation
- Help identify and address students' mental health issues while working within the:
 - ASCA Ethical Standards for School Counselors
 - ASCA Professional Standards & Competencies for School Counselors
 - National, state and local legislation, which guides school counselors' informed decision-making and standardizes professional practice to protect both the student and school counselor
- Seek to continually update their professional knowledge regarding the students' social/emotional needs, including best practices in universal screening for mental health risk
- Advocate for ethical use of valid and reliable universal screening instruments with concerns for cultural sensitivity and bias if state legislation or school board policy requires universal screening programs for mental health risk factors (ASCA, 2022)

*adopted from [The School Counselor and Student Mental Health - American School Counselor Association \(ASCA\)](#)



ADW Policies on School Counseling Services

(From ADW School Operations Handbook 2021-22, p. 39)

23. School Counseling Services (3549)

a. Emergency/Crisis Counseling

1. All chief administrators shall annually include the following language in their individual school handbooks:

“In the event of an emergency or crisis, the Archdiocese of Washington may send a team of school counseling professionals to [enter school name]. One-time, initial counseling services may be rendered to students by school or archdiocesan counseling staff in the event of a crisis or emergency.”

2. In the event that counseling services are rendered in the event of an emergency or crisis, chief administrators shall ensure that parents/guardians are notified as soon as possible after the emergency.

b. Ongoing School Counseling Services

1. When necessary and appropriate, ongoing school counseling services (more than 1 formal session between a counselor and student) may be rendered for an individual or group of students at the request and/or recommendation of the student, the chief administrator, school counselor/social worker, school staff, nurse, or parent/guardian.
2. A parent/guardian must complete of the Consent for Ongoing School Counseling Services (Form 20) before such services begin. A signed Consent for Ongoing School Counseling Services (Form 20) must be filed and maintained at the school for the duration of the student’s enrollment and for five years thereafter.

(From Policies for Catholic Schools 2021, Fourth Revision, p. 16-17)

3430 Degree Requirements for Counselors, Social Workers & Guidance Counselors

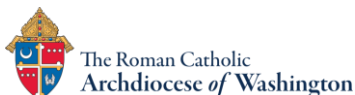
All school-based counselors, social workers and guidance counselors shall be Catholic whenever possible and shall possess at least a master’s degree in counseling, social work, guidance counseling, or equivalent from an accredited college or university prior to appointment.

3431 Certification/Licensure Requirements for Counselors and Social Workers

All school-based counselors and social workers shall possess a valid and current Maryland, Virginia or District of Columbia board issued license or a National Board of Certified Counselors certification.

3432 Certification Requirements for School Guidance Counselors

All school guidance counselors shall possess a valid and current certification from the Department of Education in Maryland, Virginia or the District of Columbia.



3433 Professional Requirements for Counselors, Social Workers & Guidance Counselors

All school-based counselors, social workers and guidance counselors shall comply with all policies and regulations pertaining to Archdiocesan schools, school-based policies and expectations and shall provide school-based counseling services restricted to their respective license or certification and within the practicing framework consistent with the doctrines of the Catholic Church, the mission of the Archdiocese of Washington Catholic schools and procedures from the Catholic Schools Office. They shall collaborate with chief administrators on the development of an annual individual professional development plan and shall be evaluated annually according to procedures and guidelines provided by the Catholic Schools Office.



ADW School Counselor Job Description

The mission of the Roman Catholic Archdiocese of Washington is to spread the light of the Gospel of Jesus Christ. In the faithful pursuit of this mission, the Archdiocese is seeking a School Counselor for _____ in _____. The School Counselor will work with students and parents to provide academic, personal, and spiritual guidance in accord with the principles and moral philosophy of the Catholic Church.

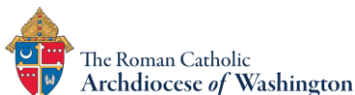
Under direction, provides a comprehensive program of guidance and counseling to assist students in academic achievement, as well as personal and social development. Acts as consultant, in this regard, to school staff, parents, and school community members.

- Provides school-based counseling services, such as small group or individual sessions for students' personal, social, and academic concerns., restricted to their respective license or certification
- Deliver instruction that proactively enhances awareness of mental health; promotes positive, healthy behaviors; and seeks to remove the stigma associated with mental health issues
- Consults with parents and staff to appraise student needs, behaviors, social issues, and interests to discuss appropriate recommendations for educational options
- Plans and coordinates classroom group guidance sessions on appropriate social skills, mental health awareness, team building and problem solving
- Uses appropriate counseling strategies to establish relationships with colleagues, students, parents, and the school community, which reflect recognition of and respect for every individual
- Creates referrals to outside professionals for students needing additional support
- Provides proactive leadership that engages all stakeholders in the diversity of programs and services to help students achieve school success

Qualifications

Knowledge, Skills and Abilities

- Practicing Catholic
- Ability to maintain confidentiality
- Knowledge of and ability to comply with all policies and regulations pertaining to Archdiocesan schools, as well as school-based policies and expectations
- Knowledge of growth and development stages of children
- Ability to work effectively as part of a team with staff, students, and parents
- Excellent oral and written communication skills
- Ability to speak effectively to large and small groups
- Ability to establish good relationships with different types of individuals and groups
- Excellent organizational skills
- Can complete Virtus training prior to entering ADW schools



Education and Experience

- Practicing Catholic
- Master's Degree in counseling, social work, guidance counseling, or equivalent from an accredited college or university prior to appointment
- possess a valid and current Maryland, Virginia, or the District of Columbia board issued license in social work OR
 - a National Board of Certified Counselors certification in social work OR
 - a valid and current certification from the Department of Education in Maryland, Virginia, or the District of Columbia in school counseling
- Knowledge of best practices in pedagogical techniques
- Experience in a school setting



What Can an ADW School Counselor Do?

Prevention Programming (class or school-wide interventions):

- Mental health awareness that seeks to remove the stigma associated with mental health issues
- Safe Touch/Virtus Lessons
- Bullying prevention and response lessons
- Kindness campaigns
- Social Emotional Learning lessons (SEL strategies, growth mindset, etc.)
- Suicide prevention

Staff/Whole School Support:

- Collaborate with principal and faculty on student behavior concerns
- Provide support as needed in classes, lunch, or recess
- Offer/facilitate teacher workshops (SEL Strategies, growth mindset, etc.)
- Educate teachers, administrators, families and community stakeholders about the mental health concerns of students, including recognition of the role environmental factors have in causing or exacerbating mental health issues, and provide resources and information

Small Group Interventions:

- New student groups
- Friendship groups or lunch bunches
- Groups to address specific needs (grief and loss, managing anger, self-esteem, etc.)
- Restorative Justice circles

Individual Interventions:

- Short-term solution-focused counseling
- Crisis intervention focused on mental health or situational concerns such as grief or difficult transitions
 - Providing crisis counseling and safety planning
 - Reporting child safety concerns
 - To proper public authorities
 - To the ADW Office of Child Protection & the ADW Schools Office
- Practicing self-advocacy skills
- Conflict resolution
- Behavior intervention planning
 - Classroom observations
 - Individual informal assessment
 - Working with staff and parents to create formal or informal accommodations



Parent Support:

- Offer/facilitate parent workshops or parent chat sessions
- Collaborate to ensure students and their families have access to mental health services
- Recognize and address barriers to accessing mental health services and the associated stigma, including cultural beliefs and linguistic impediments
- Provide referrals to community resources that treat mental health issues (suicidal ideation, violence, abuse and depression)
- Phone calls, emails, and/ or parent meetings
 - Build connection
 - Address concerns
 - Gain context or background information
 - Collaborate on school planning
 - Address student academic, behavior, or emotional concerns with parent
 - Facilitate teacher/parent communication
 - Facilitate communication with outside providers



Surviving Your First Year as an ADW School Counselor

Create a workspace:

- A private room to meet with students
- A phone line for referrals and parent calls
- A locking file cabinet for private student files
- Toys and games to engage students
- Door sign with name and hours

Create an organizational system:

- Personal calendar and place for notes
- Copies and folders for forms (permission, release, incident report, return to school, etc.)
- Folder system for storing paper resources and student files
- Access to family contact information
- Access to student schedules
- Connect with Schoology for access to shared counselor resources

Introducing yourself to the school community:

- Introduction Meeting with principal and staff
- Introduction to parents (letter, back to school night, present at pick up/ drop off)
- Introduction classroom visits to students
- Remain visibly present throughout the school – in lunchroom, at recess, bus duty...etc.

Establish a schedule:

- Times to meet with school leadership (principal or other points of contact)
- Times to meet with teaching teams
- Recurring individual student meetings
- Plans for fall classroom lessons
- Plans for fall student groups

Maintain your professional credentials and continue your professional growth:

- Learn the requirements of your profession and your certification/ licensing status
- Seek/arrange/attend professional supervision if required by licensure status
- Plan to attend professional development organized by the Catholic Schools Office
- Plan to supplement CSO professional development as required by your certification/licensing status
- Participate in counselor networking when possible
- Renew/ update certification/ licensing status as required by profession



School Counselor Month-by-Month Calendar

August

- Organize office
 - Refresh permission and release forms, make copies (see index for forms)
 - Straighten folders and shred old records (scan old CAPS and store, 3-5 years)
 - Organize/refresh and sanitize toys, games, and manipulatives
- Meet with principal
 - Priorities for the school year
 - Student/family concerns
 - Changes in staffing structure
 - Establish access to school email, schedules, and other shared files as needed
- Connect with teachers
 - Introductions to new teachers
 - Meeting schedule for the school year

September

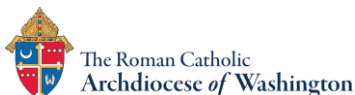
- Whole School
 - Intro at Back to School Night
 - Letter to parents in school newsletter
- New Students
 - Call parents of new students to introduce yourself
 - Organize new student groups and/or hold short check-ins with new students
- Existing Students
 - Individual check-ins with students on previous year's caseload
 - Phone calls to parents on previous year's caseload
- Classroom plans
 - Make plans to read a book or lead classroom wide presentations for each class
 - Survey/screening tools for students
 - Create schedule for fall Virtus/safe touch lessons
 - Utilize survey/screening tools to identify student needs

October

- World Mental Health day – October 10th consider school wide event/announcement
- National Bullying Prevention Month: consider lessons
- Virtus/safe touch class Lessons
- Determine and plan fall student groups

November/December

- Fall semester groups continued
- Participate in parent conferences as needed



January

- Identify and plan Spring groups
- Plan for participation in Catholic Schools Week

February

- National School Counseling Week: celebrate you!
- Continue student groups

March/April

- Continue student groups

May

- Mental Health Awareness Month: consider lessons and school wide events
- End groups
- Closure/end of year meetings with students
- Review of year, surveys of students

June

- Final sessions with students
- Finish out/organize notes for the year



ADW School Counselor Professional Development

Expectations

All school counselors working in ADW schools are expected to maintain their professional certification and/or licensure through participating in professional development. Rules for continuing education vary by profession and jurisdiction. It is each school counselor's responsibility to understand these rules and to maintain a current license or certification.

Professional Development Events

The ADW Schools Offices will usually plan and host at least three professional development events per school year, traditionally held in October, January, and March. Attendees will have the opportunity to earn as much as 18 continuing education units per school year. The events are credentialed by the Association of Social Work Boards (ASWB) and the National Board of Certified Counselors (NBCC).

ADW Collaboration Days

The Catholic Schools Office organizes two Collaboration Days per school year for all school staff. These days offer continuing education for educators.



Suggested Supplies for a School Counseling Office

- Counselor desk and chair
- Student table and 3-4 student chairs
- Locking file cabinet for student records
- Counseling Forms
 - Permission for counseling
 - Release of Information
 - Incident Report
 - Small group permission
- Drawing supplies
 - Paper
 - Crayons and/or markers
 - Child scissors
- Developmentally appropriate games and toys
- Manipulatives (i.e., putty, squeeze balls, small sandbox, play dough)
- Children's books (friendship, grief and loss, naming feelings, separation anxiety, managing peer conflict, etc.)
- Small group planning materials
- Cleaning supplies (hand sanitizer, wipes, disinfectant spray)
- Tissues
- Timer

Record-Keeping and Confidentiality

ADW School Counselors are expected to create and maintain a system for their weekly schedule, case notes, signed forms and other student records. All sensitive student documents should be safely stored in a locked file cabinet.

*Supplies for students (e.g., manipulatives) should be safe and age appropriate.



The Roman Catholic
Archdiocese of Washington

Appendix I Professional Standards

ADW School Counselors come from three professional backgrounds: Master's in education with state certification, Masters of Counseling with an LGPC/LPC license or NBCC accreditation, or a Masters in Social Work with an LGSW, LMSW, LICSW, or LCSW-C license. Below are professional standards for each.

American School Counselor Association (ASCA) Professional Standards & Competencies Mindset

School Counselors believe:

- M 1.** Every student can learn, and every student can succeed.
- M 2.** Every student should have access to and opportunity for a high-quality education.
- M 3.** Every student should graduate from high school prepared for postsecondary opportunities.
- M 4.** Every student should have access to a school counseling program.
- M 5.** Effective school counseling is a collaborative process involving school counselors, students, families, teachers, administrators, other school staff and education stakeholders.
- M 6.** School counselors are leaders in the school, district, state and nation.
- M 7.** School counseling programs promote and enhance student academic, career and social/emotional outcomes.

From: <https://www.schoolcounselor.org/getmedia/a8d59c2c-51de-4ec3-a565-a3235f3b93c3/SC-Competencies.pdf>

The National Board for Certified Counselors (NBCC) Code of Ethics Directives

- National Certified Counselors (NCCs) take appropriate action to prevent harm.
- NCCs provide only those services for which they have education and qualified experience.
- NCCs promote the welfare of clients, students, supervisees or the recipients of professional services provided.
- NCCs communicate truthfully.
- NCCs recognize that their behavior reflects on the integrity of the profession as a whole, and thus, they avoid actions which can reasonably be expected to damage trust.
- NCCs recognize the importance of and encourage active participation of clients, students or supervisees.
- NCCs are accountable in their actions and adhere to recognized professional standards and practices.

From: <https://www.nbcc.org/assets/Ethics/NBCCCodeofEthics.pdf>



National Association of Social Workers (NASW) School Social Work Standards

Standard 1. Ethics and Values School social workers shall adhere to the ethics and values of the social work profession and shall use the NASW Code of Ethics as a guide to ethical decision making, while understanding the unique aspects of school social work practice and the needs of the students, parents, and communities they serve.

Standard 2. Qualifications School social workers shall meet the provisions for professional practice set by NASW and their respective state department of education and possess knowledge and understanding basic to the social work profession as well as the local education system.

Standard 3. Assessment School social workers shall conduct assessments of individuals, families and systems/organizations (namely, classroom, school, neighborhood, district, state) with the goal of improving student social, emotional, behavioral, and academic outcomes.

Standard 4. Intervention School social workers shall understand and use evidence-informed practices in their interventions.

Standard 5. Decision Making and Practice Evaluation School social workers shall use data to guide service delivery and to evaluate their practice regularly to improve and expand services.

Standard 6. Record Keeping School social workers shall maintain accurate data and records that are relevant to planning, implementation, and evaluation of school social work services.

Standard 7. Workload Management School social workers shall organize their workloads to fulfill their responsibilities and clarify their critical roles within the educational mission of the school or district in which they work.

Standard 8. Professional Development School social workers shall pursue continuous enhancement of knowledge and skills to provide the most current, beneficial, and culturally appropriate services to students and their families.

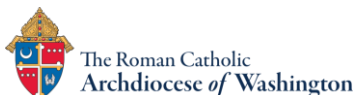
Standard 9. Cultural Competence School social workers shall ensure that students and their families are provided services within the context of multicultural understanding and competence.

Standard 10. Interdisciplinary Leadership and Collaboration School social workers shall provide leadership in developing a positive school climate and work collaboratively with school administration, school personnel, family members, and community professionals as appropriate to increase accessibility and effectiveness of services.

Standard 11. Advocacy School social workers shall engage in advocacy that seeks to ensure that all students have equal access to education and services to enhance their academic progress.

From: <https://www.socialworkers.org/LinkClick.aspx?fileticket=1Ze4-9-Os7E%3D&portalid=0>

*Information listed is as of the date of printing and counselors should consult the sources directly for complete/up-to-date information.



Appendix II ADW Forms

Forms

[Form-16-School-Incident-Report \(English\)](#)

[Form 16 School Incident Report \(Spanish\)](#)

[Form 19 Release of Student Information \(English\)](#)

[Form 19 Release of Student Information \(Spanish\)](#)

[Form 20 Consent for On-Going School Counseling \(English\)](#)

[Form 20 Consent for On-Going School Counseling \(Spanish\)](#)



The Roman Catholic
Archdiocese of Washington

SCHOOL INCIDENT REPORT

ARCHDIOCESE OF WASHINGTON Catholic Schools

REPORT DATE: _____

PERSON SUBMITTING THIS REPORT:

Name: _____ Title: _____
Direct Daytime Phone: _____ Email: _____

SCHOOL INFORMATION

School: _____ Principal: _____
Address: _____
School Phone (main): _____ Direct: _____ Cell: _____

Incident Date: _____ Incident Time: _____ Incident Location: _____

INCIDENT DESCRIPTION:

Please be specific. Include a detailed timeline of events leading up to and during the incident; list who was involved; and what steps were taken in response to the incident. Please include any disciplinary actions taken and contact made with parents. If more space is required, please attach additional page(s).

Please indicate the appropriate internal school contacts who have been notified of this incident:

- Pastor Name: _____ Date: _____ Time: _____
- Assistant Principal Name: _____ Date: _____ Time: _____
- School Counselor Name: _____ Date: _____ Time: _____
- School Nurse Name: _____ Date: _____ Time: _____
- School Admin. Staff Name: _____ Date: _____ Time: _____
- Other _____ Name: _____ Date: _____ Time: _____

Please indicate the person within the Catholic Schools Office who has been notified:

Catholic Schools Office Name: _____ Date: _____ Time: _____

Based on the nature of the incident, please indicate that the appropriate offices of the Archdiocese have been notified:

<input type="checkbox"/> Office of Child Protection	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Communications	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Chancery /Legal	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Human Resources	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Facilities Management	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Catholic Mutual	Name: _____	Date: _____	Time: _____
<input type="checkbox"/> Other _____	Name: _____	Date: _____	Time: _____

If applicable, please indicate the civil authorities contacted: (Police, Ambulance, Fire, Child Protective Services)

Date: _____ Time: _____ Person Who Made Initial Contact: _____

Name of Agency Contacted: _____

Name of Officer: _____ Phone Number: _____

Was anyone transported to the Hospital? NO YES Hospital Name: _____

If yes, please provide name and contact info of injured party and nature of injury/illness: _____

Witnesses - Student, Visitor and Staff Information: *Please provide the following information for all student(s), visitors or staff involved or witness to the incident.*

1	Name: _____ Grade: _____ Age: _____ Parent/Guardian Name: _____ Phone Number: _____
2	Name: _____ Grade: _____ Age: _____ Parent/Guardian Name: _____ Phone Number: _____
3	Name: _____ Grade: _____ Age: _____ Parent/Guardian Name: _____ Phone Number: _____
4	Name: _____ Position: _____ Home Phone: _____ Alternate Phone: _____
5	Name: _____ Position: _____ Home Phone: _____ Alternate Phone: _____

Completed By: _____ Position: _____

Signature: _____ Date: _____

INFORME DE INCIDENTES EN LA ESCUELA

ARQUIDIÓCESIS DE WASHINGTON Escuelas Católicas

FECHA DEL INFORME: _____

INFORME PRESENTADO POR:

Nombre: _____ Cargo: _____

Teléfono directo para contacto durante el día: _____ Email: _____

DATOS DE LA ESCUELA

Escuela: _____ Director(a): _____

Dirección: _____

Teléfono de la escuela (principal): _____ Directo: _____ Celular: _____

Fecha del incidente: _____ Hora del incidente: _____ Lugar del incidente: _____

DESCRIPCIÓN DEL INCIDENTE:

Por favor, sea específico. Incluya un cronograma detallado de los hechos que condujeron al incidente y que tuvieron lugar durante este; enumere las personas que estuvieron involucradas y qué medidas se tomaron en respuesta al incidente. Incluya todas las medidas disciplinarias que se hayan tomado y las comunicaciones con los padres. Si necesita más espacio, adjunte una o más páginas adicionales.

Indique el personal interno de la escuela que fue notificado sobre este incidente:

- Párroco Nombre: _____ Fecha: _____ Hora: _____
- Director Adjunto Nombre: _____ Fecha: _____ Hora: _____
- Consejero Escolar Nombre: _____ Fecha: _____ Hora: _____
- Enfermero Escolar Nombre: _____ Fecha: _____ Hora: _____
- Personal Administrativo Nombre: _____ Fecha: _____ Hora: _____
- Otro _____ Nombre: _____ Fecha: _____ Hora: _____

Indique la persona de la Oficina de Escuelas Católicas que fue notificada:

Oficina de Escuelas Católicas Nombre: _____ Fecha: _____ Hora: _____

Indique que, debido a la naturaleza del incidente, se cursó notificación a las siguientes oficinas de la Arquidiócesis:

<input type="checkbox"/> Oficina de Protección Infantil	Nombre: _____	Fecha: _____	Hora: _____
<input type="checkbox"/> Comunicaciones	Nombre: _____	Fecha: _____	Hora: _____
<input type="checkbox"/> Cancillería / Asuntos Legales	Nombre: _____	Fecha: _____	Hora: _____
<input type="checkbox"/> Recursos Humanos	Nombre: _____	Fecha: _____	Hora: _____
<input type="checkbox"/> Gestión de Edificios	Nombre: _____	Fecha: _____	Hora: _____
<input type="checkbox"/> Mutual Católica	Nombre: _____	Fecha: _____	Hora: _____
<input type="checkbox"/> Otra _____	Nombre: _____	Fecha: _____	Hora: _____

Si corresponde, sírvase indicar las autoridades civiles que se contactaron: (Policía, Ambulancias, Bomberos, Servicios de Protección al Menor)

Fecha: _____ Hora: _____ Persona que hizo el contacto inicial: _____

Nombre de la agencia contactada: _____

Nombre del funcionario: _____ Número de teléfono: _____

¿Hubo que trasladar a algún alumno al hospital? NO SÍ Nombre del hospital: _____

Datos de alumnos y personal: *Proporcione la siguiente información para todo el personal o todos los alumnos involucrados en el incidente:*

1	Nombre: _____ Grado: _____ Edad: _____ Nombre de padre/madre/tutor(a): _____ Número de teléfono: _____
2	Nombre: _____ Grado: _____ Edad: _____ Nombre de padre/madre/tutor(a): _____ Número de teléfono: _____
3	Nombre: _____ Grado: _____ Edad: _____ Nombre de padre/madre/tutor(a): _____ Número de teléfono: _____

4	Nombre: _____ Puesto: _____ Teléfono particular: _____ Teléfono alternativo: _____
5	Nombre: _____ Puesto: _____ Teléfono particular: _____ Teléfono alternativo: _____

Completado por: _____ Puesto: _____

Firma: _____ Fecha: _____

PRESENTAR: EN LA OFICINA DE ESCUELAS CATÓLICAS (OEC) Y, SI SOLO HAY LESIONES DE POR MEDIO, EN LA ASOCIACIÓN MUTUAL CATÓLICA (CATHOLIC MUTUAL GROUP).

Enviar por email todos los reportes de incidentes a la Oficina de las Escuelas Católicas: schools@adw.org INCLUYENDO a Catholic Mutual DCandMDreportclaim@catholicmutual.org si hay lesiones o daño a la propiedad.



AUTHORIZATION FOR RELEASE OF INFORMATION

ARCHDIOCESE OF WASHINGTON – Catholic Schools

Student's Name: _____ Sex: Male Female Birth Date: _____
Print Student's Legal Name *mm/dd/yyyy*

Parent/Guardian Name: _____

Home Address: _____

Home Phone: () - Work Phone: () - Ext.

Release of Student Information

I, _____, hereby AUTHORIZE _____
Parent/Guardian's Full Name *School Name*

to disclose/receive _____'s identifiable information as described below:
Print Student's Legal Name

The following information may be shared with the entity below received from the entity below

- ALL personally identifiable data on file **OR** The following records **ONLY:** *(please check ✓ all that apply)*
- Assessments/Evaluations
 - Behavioral Records/Plans
 - Academic Records
 - Other *(specify):* _____
 - Medical Information
 - Counseling Records
 - Recommendations

Reason for the release of information...

- To aid in making present and future educational decisions *(includes transferring schools):*
- Other *(please specify):* _____

I AUTHORIZE the release of the aforementioned information (existing in the school's records at the date listed immediately below), regarding my child to:

School/Agency/Institution: _____
Print Name of School/Agency/Institution to Where the Student's Information Will Be Used or Disclosed

Contact Person: _____ Phone No. () - Ext.
Print Name of Contact Person at the School/Agency/Institution

School/Agency Address: _____

Duration for Disclosure: From: _____ Until: _____
Specify Date *Specify Date*

I understand that I may revoke this authorization at any time by submitting revocation in writing to _____.

Name of Parent/Guardian: _____
Print Parent/Guardian Full Name

Signature of Parent/Guardian: _____ Date: **10/25/2022**
Sign Your Name *Today's Date*



AUTORIZACIÓN PARA DIVULGACIÓN DE INFORMACIÓN

ARQUIDIÓCESIS DE WASHINGTON – Escuelas Católicas

Nombre del alumno: _____ Sexo: Masc. Femenino Fecha de nacimiento: _____
Nombre legal del alumno (en letra de imprenta) *mm/dd/aaaa*

Nombre de padre/madre/tutor(a): _____

Domicilio particular: _____

Teléfono particular: () - Teléfono laboral: () - Ext.

Divulgación de Datos del Alumno

Yo, _____, por el presente AUTORIZO a <<Enter School Name Here>>
Nombre completo del padre/ la madre/ el(la) tutor(a) *Nombre de la institución*

a utilizar o revelar la información de identificación de _____ de acuerdo con lo especificado
Nombre legal del alumno

a continuación.

- Se podrá compartir la siguiente información...
- TODOS** los datos de identificación personal en archivo **O**
 - Los siguientes registros **SOLAMENTE:** *(marque con ✓ todas las opciones que correspondan)*
 - Determinaciones/Evaluaciones
 - Registros/Planes de Conducta
 - Registros académicos
 - Otros *(especificar):* _____
 - Información médica
 - Registros de asesoramiento
 - Recomendaciones

Motivo para la divulgación de información...
 Colaborar en la toma de decisiones educativas actuales y futuras *(incluye cambios de escuelas):*
 Otro *(especificar):* _____

AUTORIZO la divulgación de la información sobre mi hijo(a) arriba mencionada, (que obra en los registros de la institución a la fecha que se menciona a continuación), a:

Nombre de la Escuela/Agencia: _____
Nombre de la Escuela/Agencia

Persona de contacto: _____ Teléfono: () - Ext.
Nombre de la persona de contacto en la escuela/ agencia

Dirección de la escuela/agencia: _____

Período de divulgación: Desde _____ Hasta: _____
Fecha *Fecha*

Entiendo que podré revocar esta autorización cuando lo considere conveniente presentando mi revocación por escrito en <<Enter School Name Here>>.

Nombre de padre/madre/tutor(a): _____
Nombre completo del padre/ la madre/ el(la) tutor(a)

Firma de padre/madre/tutor(a): _____ Fecha: _____
Firma *Fecha de hoy*



CONSENT FOR ONGOING SCHOOL COUNSELING

FORM 20

ARCHDIOCESE OF WASHINGTON – Catholic Schools

<<Enter School Name Here>> offers ongoing school counseling services to students. Parents/guardians or school staff may request counseling for a student, or students may request counseling services. In either case, a student's parent or guardian must read and sign this form prior to the commencement of school counseling sessions, to acknowledge and consent to ongoing school counseling that may be rendered to the Student by the School Counselor.

Acknowledgment and Consent

I, _____ acknowledge and consent to ongoing

Print Your Name

school counseling services that may be rendered to _____

Print Student's Name and Grade Level

(the "Student") by the School Counselor, and I understand that ongoing school counseling services are aimed at the more effective education and socialization of my child(ren) within the school community. Also, I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder.

In order to build trust with the Student, the School Counselor will keep information shared with them by Student confidential, with some possible exceptions, including: when authorized school personnel have a legitimate, educational need to have the information; when a student intends to harm himself/herself or another individual; when necessary to prevent serious and foreseeable danger; when a parent of a student or an emancipated student provides a written statement authorizing the release of information; or in other situations as required by law. If the Student receives school counseling within a group setting, confidentiality is difficult to maintain outside of the group meeting, and the School Counselor will make the Student aware of these limits to confidentiality.

I understand that I will be asked to sign an additional authorization of release of information form that is provided by the school should the School Counselor receive a request from me or from another individual to share information with a third party, such as a family counselor, psychiatrist, social worker, or pediatrician.

When necessary and appropriate, the School Counselor may suggest that a referral to outside counseling resource(s) is in the Student's best interests. I understand that the School Counselor will inform me of a reasonable amount of applicable resources and will provide reasonable assistance to minimize interruption of counseling services.

I, hereby, acknowledge and consent for the ongoing counseling services as described above and this consent will be in effect for the duration of the Student's enrollment in the School listed above. I also understand that I may withdraw this consent at any time by providing a signed and dated written request for immediate termination of participation in the ongoing counseling services.

Name of Parent/Guardian: _____

Please Print

Signature of Parent/Guardian: _____ Date _____

Sign Your Name

Today's Date



CONSENTIMIENTO PARA ASESORAMIENTO PSICOLÓGICO CONTINUO EN EL ENTORNO ESCOLAR

ARQUIDIÓCESIS DE WASHINGTON – Escuelas católicas

<<Enter School Name Here>> ofrece a los alumnos servicios de asesoramiento psicológico continuo en el entorno escolar. Los padres/tutores o el personal escolar podrán solicitar asesoramiento psicológico para el alumno, o bien el alumno podrá solicitar dicho servicio por sí mismo. Cualquiera sea el caso, el padre/la madre o el tutor del alumno deberá leer y firmar este formulario, antes del comienzo de las sesiones, a los efectos de reconocer y dar su consentimiento para el asesoramiento psicológico continuo en el entorno escolar a ser brindado por el Consejero Escolar.

Reconocimiento y consentimiento

Yo, _____ reconozco y doy mi consentimiento para los servicios de
Ingrese su nombre en letra de imprenta

asesoramiento psicológico continuo que el Consejero Escolar le brinde a _____
Ingrese nombre del alumno(a) y nivel de grado en letra de imprenta

(en adelante “el alumno”) y entiendo que los servicios de asesoramiento psicológico continuo en el entorno escolar tienen el objeto de lograr una educación más efectiva y la socialización de mi(s) hijo(s) dentro de la comunidad escolar. Entiendo, además, que con estos servicios no se pretende sustituir el diagnóstico o el tratamiento de ningún trastorno de salud mental.

A fin de fomentar la confianza del alumno, el Consejero Escolar mantendrá la confidencialidad de la información que el alumno le confie, con algunas posibles excepciones, entre ellas, las siguientes: cuando el personal escolar autorizado tenga una necesidad educativa legítima de conocer la información; cuando el alumno tenga la intención de hacerse daño o dañar a otros; cuando sea necesario para impedir un peligro grave o previsible, cuando el padre o la madre del alumno o, en caso de tratarse de un alumno emancipado, cuando el mismo alumno, autorice por escrito la divulgación de la información; o bien en otras situaciones donde sea exigido por ley. En los casos de asesoramiento psicológico en grupo, será difícil mantener la confidencialidad fuera de la reunión grupal, con lo cual el Consejero Escolar le informará al alumno sobre las limitaciones en este sentido.

Entiendo que se me solicitará firmar un formulario adicional de autorización para divulgación de información, provisto por la escuela, en caso de que el Consejero Escolar reciba una solicitud de mi parte, o de parte de otra persona, para que comparta la información con un tercero, como por ejemplo un consejero familiar, un psiquiatra, un asistente social o un pediatra.

Cuando sea necesario y conveniente, el Consejero Escolar podrá sugerir la derivación del alumno a asesoramiento psicológico externo por considerar que ello redundará en mejor beneficio para este. Entiendo que el Consejero Escolar me informará sobre una cantidad razonable de recursos apropiados posibles y brindará adecuada asistencia para minimizar la interrupción de los servicios.

Por el presente, confirmo y doy mi consentimiento para los servicios de asesoramiento psicológico continuo anteriormente descriptos. Confirmo además que este consentimiento permanecerá vigente mientras que el alumno esté inscripto en la Escuela antes mencionada. Entiendo que podré retirar este consentimiento cuando lo considere conveniente, presentando una solicitud por escrito, firmada y fechada, para que finalicen inmediatamente dichos servicios para el alumno.

Nombre de
Padre/Madre/Tutor(a): _____

Nombre en letra de imprenta, por favor

Firma de
Padre/Madre/Tutor(a): _____

Firma

Fecha: _____

Fecha de hoy

Appendix III

Below are some available resources for students who may need to be referred for external mental health counseling and support.

Accessing Mental Health Services in the DC Metro Area

Crisis Hotlines

District of Columbia 1(888)7WE-HELP or 1-888-793-4357
Maryland 1-800-422-0009
National Suicide & Crisis Hotline - 988

Emergency Assessments (open 24 hours/ day)

Children's National Medical Center

111 Michigan Avenue NW, Washington, DC
(888) 884-2327

Psychiatric Institute of Washington

4228 Wisconsin Avenue Northwest, Washington, DC
888- 397-8819

Dominion Hospital

2960 Sleepy Hollow Rd, Falls Church, VA
(703) 536-2000

Montgomery County Crisis Center

1301 Piccard Dr, Rockville, MD
(240) 777-4000

Adventist HealthCare Shady Grove Medical Center

9901 Medical Center Dr, Rockville, MD
240-826-6000

Adventist HealthCare Germantown Emergency Center

19731 Germantown Rd, Germantown, MD
301-444-8000

Medstar Southern Maryland Hospital Center

7503 Surratts Rd.
Clinton, MD 20735
301-868-8000

Mental Health/Therapeutic Services

The Wendt Center

4201 Connecticut Ave., NW, Suite 300
Washington, DC 20008
<https://www.wendtcenter.org/>
202.624.0010



The Roman Catholic
Archdiocese of Washington

Pro Bono Counseling

5900 Metro Drive

Baltimore, MD 21215

www.Probonocounseling.org

410-835-1001

Maryland Public Mental Health System for Medicaid, 1-800-888-1965

Maryland Network of Care Directory - [Behavioral Health - Network of Care](#)

Maryland Core Services Agencies

Core Service Agencies generally have specialists on housing, rehabilitation, senior and child and adolescent services.

Calvert County, 410-535-5400 x 311

Charles County, 301-609-5757

Montgomery County, 240-777-1400

Prince George's County, 301-856-9500

St. Mary's County, 301-475-4200

*The inclusion of these resources is not an indication that ADW/CSO is certifying the qualifications of the resources.



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Appendix IV

Suicidal Assessment

Assessing **SUICIDAL IDEATION** is one of the most anxiety-provoking tasks. Predicting risk is difficult, particularly since so many factors can increase risk. It is critically important to evaluate self-harm and suicidal behaviors when a child threatens himself or herself, such as verbal or physical expression of self-threatening behaviors.

Interviewing is the best tool for determining suicidal ideation. Considering known risk factors for suicide, the following broad areas and questions are offered to guide the assessment process.

1. *Assess suicidal thoughts and plans* (Specific, concrete, detailed information is best)
 - How often do you have thoughts of hurting yourself? How strong are they?
 - How long ago did you first start to have these thoughts?
 - Have you thought about how you would do it? When?
 - Have you taken steps towards acquiring the "gun, pills," and so forth?
 - Have you made any plans for your possessions or to communicate with people after your death such as a note or a will? Extensive planning and preparation is unusual for children
2. *Assess strengths and coping skills*
 - Have you talked to anyone about your suicidal thoughts/feelings?
 - Who can you turn to for help? Name support people and get permission to contact.
 - How have you coped with serious problems and stressful situations in the past? Look for evidence of adaptive as well as maladaptive coping strategies.
 - What would make it easier to cope now? Brainstorm about current problems and assess cognitive style (flexible, rigid). Ask directly how you can help.
3. *Assess attitude about death and suicide, thoughts about the future, reasons for living*
 - What does it mean to you to be dead? To be alive? How would important others feel if you acted on your thoughts?
 - Why not kill yourself now? What's holding you back?
 - Do you think things can improve and your future will be happier?
 - Are there things you want to do that you haven't done yet? What are your hopes



and dreams for the future? Assessing affect as well as content helps evaluate hopelessness.

*adopted from <https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4432.pdf>

***Once a suicide assessment has been done with a student, school counselors should make a report as you would any other incident, following the CSO reporting procedures. Students should be referred to an external resource for a psychiatric evaluation.**



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Appendix V

Awareness Days

Below is a list of named months, weeks, and days that can be used to structure awareness campaigns, all-school activities, and classroom interventions. Some may only be appropriate for high schools.

September	National Suicide Awareness Month
September 12	National Day of Encouragement
September 4-10	National Suicide Prevention Week
September 10	National Suicide Prevention Day
September 21	World Gratitude Day
September 26	National Family Day
October	Positive Attitude Month
October	Sensory Awareness Month
October	National ADHD Awareness Month
October 2-8	Mental Health Awareness Week
October 10	World Mental Health Day
October 20	National Youth Confidence Day
October 22 (4th Saturday)	National Make a Difference Day
November 13	World Kindness Day
February 6-10	National School Counseling Week
February 11	National Make a Friend Day
February 17	National Random Acts of Kindness Day
March	National Social Work Month
March 2	World Teen Mental Wellness Day
March 4	National Day of Unplugging
March 5-11	National School Social Work Week
March 21 (3rd Thursday)	World Social Work Day
April	National Autism Awareness Month
April 2	World Autism Awareness Day
April 15	National Volunteer Day
April 27	National Take Our Daughters and Sons to Work Day
May	Mental Health Awareness Month
May 1-7 (first full week)	Screen-Free Week
May 16	National Do Something Good for Your Neighbor Day
May 21	Take Your Parents to the Playground Day
May 22	International Being You Day
June 1	National Say Something Nice Day

