Counseling Services Department Information

In addition to the artistic and academic growth of students, ChiArts believes it is essential to support the growth of the whole student. This includes assistance with skills that helps one to reach goals in school, preparation for life after high school, and supporting social and emotional growth during high school. To that end, ChiArts has created the Counseling Services Department comprised of a Post-Secondary Adviser, Academic Counselor, and Clinical Counselor. This team of professionals supports students beyond the classroom and conservatory in areas that benefit students’ ability to work towards fulfillment and self-actualization.

The Counseling Services Department is available to all ChiArts students and services are delivered in a variety of ways including school assemblies, classroom seminars, counseling groups, individual counseling/advising sessions, interventions, and referrals for additional services. Topics of discussion are wide and vary based on need. Many of these services are built into the structure and curriculum of the school. Clinical counseling services are an added support and not all students will need or access them. These services include individual and/or group counseling services, along with referrals for services outside of school.

Confidentiality is a key feature of the counseling experience. The information discussed during counseling sessions will not be shared with anyone, except in situations required by court of law. These situations include, but are not limited to, cases where a child is in danger of harming him/herself or others, and reports of abuse, suspected abuse or medical neglect. Parents and guardians are encouraged to reach out to the Counseling Services Department with questions and/or concerns regarding the well-being of their child.

I, ____________________________, parent of ____________________________, acknowledge that I have read and are aware of the limits of confidentiality and the scope of services available to all ChiArts students via the Counseling Services Department. If I determine I do not want my child to have access to clinical counseling services, I will submit a letter to the principal of the school documenting my request and objections.

Parent Signature: ____________________________ Date: ________________

Student’s Signature: ____________________________ Date: ________________
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