



**SCHOOL COUNSELLING CONSENT FORM**

In alignment with the guidelines of the Central Board of Secondary Education (CBSE), Uttam School for Girls provides preventive and developmental counselling services to support students’ emotional well-being, social-emotional learning, and holistic development within the school environment.

**NATURE OF COUNSELLING SERVICES**

These services are designed to support students in navigating emotional, social, academic, and developmental aspects of school life. Through individual counselling sessions, small group counselling, and classroom-based guidance activities or workshops, The objective of school counselling is to foster resilience, well-being, and positive functioning within the educational context. It is important to note that school counselling does not involve diagnosis, treatment, or therapy for mental health disorders and is not a substitute for clinical, psychiatric, or specialized psychological intervention.

**CONFIDENTIALITY**

The school counsellor maintains confidentiality of all student information shared during counselling sessions. However, confidentiality may be limited under the following circumstances:

- If there is a risk of harm to the student or others
- If abuse or neglect is disclosed
- If information needs to be shared on a need-to-know basis to ensure student safety and well-being

In such cases, appropriate steps will be taken in accordance with school policy and CBSE guidelines, and parents/guardians will be informed as required.

Warm Regards

Mrs. Sharmila Raheja  
(Principal)

.....  
**PARENTAL CONSENT**

The school believes emotional well-being is foundational to learning and growth.

Would you like to refer your child for individual counselling sessions with the school counsellor?

Yes     No

I understand the nature and purpose of school counselling services and give consent for my child to participate during the academic year 2026-2027.

**STUDENT DETAILS**

Student Name:

Class & Section:

Teacher / Class In-charge:

**PARENT / GUARDIAN DETAILS**

Parent/Guardian Name:

Signature:

Date:

Contact Number:

