

Explanation of the Trinity Lutheran School Counseling Referral Process (2025-2026 School Year)

Dear parent(s)/guardian(s) of students at Trinity Lutheran School,

I am Pastor Chad Wright. I have a Master's in Divinity and a Master's of Science in Mental Health Counseling. I am a Licensed Professional Counselor in the State of Michigan and a National Certified Counselor (NCC). As the Associate Pastor of Congregational Care and Counseling, I have been asked to prioritize some time to provide services to our school children and families as a school counselor. I have 12 years clinical counseling experience in an outpatient setting, where among other counseling experiences, I also worked with students, their parents, case workers, school staff and other professionals to help students overcome barriers in and out of the classroom. I have collaborated at Individualized Education Plan (IEP) meetings and 504 meetings. I have worked in the office and at schools with students on behavioral issues, ADHD, issues related to being on the Autism Spectrum, and mental health issues related to their school success.

In this packet, you will find a referral form, information about the counseling offered at Trinity Lutheran School, and a parent/guardian consent form. Please feel free to contact me if you have any questions. I am available for students, parents, faculty and staff by appointment. Please call me at (586) 731-4490 ext. 102, stop by my office, or e-mail cwright@trinityutica.com to schedule an appointment.

Your servant in Christ,

Pastor Chad Wright
Pastor of Congregational Care and Counseling
Trinity Lutheran Church and School
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fax: (586) 731-1071
address: 45160 Van Dyke
Utica, MI 48317
e-mail: cwright@trinityutica.com

Parent/Guardian Referral Form to meet with Pastor Chad Wright

I am requesting that the Pastoral School Counselor talk with my child:

Student's Name _____ Grade _____

Classroom/Homeroom Teacher _____

Your Name _____ Relationship to Student _____

Address: _____

Phone _____ Best times to reach you _____

Your Signature _____ Date _____

My child's strengths include _____

My primary concern(s)(Check all that apply):

- ☐ Something's wrong but I don't know what
- ☐ A loss (e.g. death of a person or pet, loss of a friendship, parents' divorce)
- ☐ Anger/Aggression
- ☐ Perfectionism
- ☐ Relationships with friends/peers
- ☐ Relationships with adults (parents/teachers)
- ☐ Relationships with sibling(s)
- ☐ How my child is treated by others
- ☐ Feelings of negativity, discouragement, self-doubt
- ☐ Unhealthy or unsafe choices
- ☐ Study skills, grades and schoolwork
- ☐ Other Concern(s) _____

Additional information regarding concern(s):

Information about Counseling at Trinity Lutheran School:

Dear parent(s), if your child is referred to the pastoral school counselor, the very word “counseling” may make it sound like a mysterious process, but it is not. Counseling is a relationship built on confidentiality and trust—student trust, parent trust, teacher trust. Adequate information is the foundation of trust— all involved must have information about the limits and processes of counseling. The following information describes the overall process of counseling.

How does a student receive counseling at school?

Students may be referred to the Pastoral School Counselor (PSC) for individual and/or small group counseling by their parents or guardians, school faculty, school staff, a concerned friend, or they may refer themselves. Once a referral is made the PSC will contact the parent(s)/guardian(s) to ensure there is consent and to set up a meeting with the parent(s)/guardian(s) of the referred student.

Who provides the counseling at school?

Counseling is provided by our Pastoral School Counselor (PSC). The PSC has a Master’s degree in Divinity, a Master’s Degree in Science with an emphasis in mental health counseling, and experience working with schools as a counselor. School counseling focuses on the academic development, personal/social development, and career development of students.

Is counseling required?

It is your choice to give consent for your child to receive counseling. If your child is already receiving clinical mental health counseling and you would like the PSC to coordinate care with other providers, there are releases which you can sign so that everyone can work together as a team for the child’s best interests. Releases and consent can be revoked at any time with a written note from a parent or guardian.

What will counseling for your child involve?

Counseling may include individual sessions or small group sessions, depending on the issues. During the sessions, your child and the PSC will work together to understand the problem, the present and future consequences, develop goals for change and a plan of action for change. The PSC may also work with school staff and collaborate with other providers of your choice with a signed release to do so.

How is information shared?

Trust is the basis for effective counseling. The ethical guidelines of the American School Counselor Association emphasize the importance of confidentiality between school counselors and students at the same time recognizing the rights of parents. As a parent or guardian, you must trust that the PSC will “take good care of” one of your most prized possessions. Your child must know and trust that, what is shared with the counselor will stay with the counselor unless he or she gives permission to share information or if the counselor suspects the child is in danger of being hurt by others, hurting himself/herself, or hurting others.

What is confidentiality?

Trust and confidentiality work together. Counseling records do not become a part of the permanent record of the student except as required by school safety policy. A record may indicate that a student was seen by the PSC; however, the topics discussed are not included unless required by the school board safety policy.

The requirements of the Family Education Rights and Privacy Act (FERPA) are enforced—information will not be released to anyone outside our school without your written permission. The PSC may talk with the classroom teacher and school administrators about how he or she can help your child in the classroom; however, other personal information will not be shared.

What are the expected outcomes of counseling?

Through counseling, your child may be taught strategies to help him or her make more effective and healthier decisions, increase the ability to set and reach goals, build better relationships with others, and be more successful in school. We all must realize that changes take time; his or her problem did not develop overnight, nor will it disappear overnight. Counseling will be successful when students, school counselors, teachers, and family members work together.

What is the cost?

There is no cost to you for any of the counseling your child receives as a student at Trinity Lutheran School. It is a service provided by your church and school family here at Trinity.

Please contact me if you want more information or have ideas about how we can better help your child.

Contact information: Pastor Chad Wright, Associate Pastor of Christian Care and Counseling

Office Phone: (586) 731-4490, Ext 102; E-mail: cwright@trinityutica.com

Informed Consent Form

Provisions of Services:

It is the policy of Trinity Lutheran School to obtain parent/guardian written permission for any student prior to receiving individual counseling or group counseling in a school year. Services include intake assessment, short-term individual counseling, crisis intervention, group counseling, and referrals as needed. Please read and sign the consent form below.

I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for psychological counseling, diagnosis, or medication, which are not the responsibility of the school. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my child's ability to relate with others, provide a clearer understanding of himself/herself, along with values, goals, and an ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on my child and his/her relationships.

I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. I am free to seek a second opinion or end counseling at any time.

Child's Name _____ Child's Teacher & Grade: _____

I, _____, am the legal parent/guardian of _____. I have read, understand, and agree to the terms of the School Counseling Informed Consent.

Please check one:

_____ I give permission for my child to receive individual and/or group counseling services while attending Trinity Lutheran School for the 2025-2026 school year. (If your child is invited to join a recurring group, you will receive additional information at that time.) I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services. I also give consent for the PSC to communicate with the principal and vice-principal.

_____ I choose to decline school counseling services for my child at this time. I understand that I may request counseling services at a later date if needed.

Custodial Parent/Guardian Signature: _____ Date: _____

Phone: Daytime phone _____ Cell phone _____

Email(s): _____