



Parent Consent to Refer to a Tomball ISD Wraparound Partner

Student Name: _____ Student ID: _____

Student Grade: _____ School Name: _____

Your signature below as the parent/guardian of the above named student, provides consent for Tomball ISD staff to make a referral for counseling or mentoring services to one of our wraparound partners. This consent to refer your student is not a commitment to or a consent for treatment. You are granting the designated provider permission to contact you directly to provide more information about their services and the options available to your student and family.

Please check the wraparound partner below:

_____ Clearhope Counseling & Wellness - Counseling

_____ Texas Child Access Through Telemedicine (TCHAT) - Counseling

_____ TRIAD - Wraparound Plan

_____ Friends of the Children Houston - Mentoring. I consent to a one-time student observation by Friends of the Children staff prior to enrollment.

Note: There is a 10 session limit for Clearhope due to its grant funding.

I certify that this form has been fully explained to me and that there are other [district and community counseling resources](#) available. I have read it or have had it read to me, and I understand its contents. I understand that I can revoke this consent at any time by contacting my student's school counselor.

Signature of Patient/Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Relationship to Patient: _____