

# 國立南科國際實驗高級中學雙語部心理輔導家長同意書

親愛的家長，您好：

本校輔導室由專業輔導人員提供心理輔導的服務，期望藉此協助您孩子進行自我瞭解與探索的歷程，增進孩子問題解決能力，發揮學習潛能以提升整體生活、學習、情緒與人際適應。

## 一、專業輔導人員

本校輔導室專業輔導人員包含專任輔導老師、認輔教師及實習輔導教師。

## 二、服務方式

心理輔導時間為一節課 50 分鐘，原則上每週進行一次，並視學生需求及特殊情形加以調整。

## 三、督導及錄音錄影

為了孩子的最佳福祉，以及提升心理輔導服務品質，專輔人員會接受專業督導以促進心理輔導效能。故專輔人員在徵詢當事人及監護人同意下得錄音錄影，其內容僅供專業人員進行個別督導或團體督導使用，不得作為其他用途，影音資料在督導完成後於本校輔導室監督下進行銷毀。

## 四、保密

專輔人員將謹守專業輔導倫理，對晤談所知悉的隱私盡力保密，除與相關的專業人員討論外，專輔人員不對外揭露晤談內容，但若有以下情形，我們會主動通報有關單位尋求協助：

1. 發現 貴子女有傷害自己及別人生命的可能時。
2. 發現 貴子女有涉及相關法律時，例如：家庭暴力防治法、兒童及少年福利法等，為維護貴子女的最佳權益，我們必須採取保護措施。

## 五、個人資料使用及管理

貴子女的個人資料僅供心理輔導、相關行政管理，以及通報案件調查所需使用，其他人不得任意查閱，相關人員亦須謹守倫理守則。學生接受心理輔導資料以機密方式保存於本校輔導室檔案櫃，保存期限依相關法律之規定。

## 六、家長與監護人之義務

為更有效率協助孩子，專輔人員因應輔導需要，將不定期邀請您到校進行親師溝通，說明子女狀況及商討輔導策略，請盡量予以配合，共同協助孩子。

本人已經詳細閱讀前述文字並了解其內容，同意本人子女\_\_\_\_\_接受心理輔導服務。

學生家長簽名：\_\_\_\_\_

\_\_\_\_\_年\_\_\_\_月\_\_\_\_日

## **National Nanke International Experimental High School IBST Counseling Consent Form**

Dear parents,

NNKIEH Counselling Office provides professional counseling service to assist your child with self-understanding and self-exploration. Hope to enhance the problem-solving ability and the learning potential of your child and hope to increase overall quality of life, learning, emotions, and social skills.

### **1. Professional counselors**

NNKIEH Counselling Office counselors include full time, part time and intern guidance counselors.

### **2 Service**

Counseling session is 50 minutes per period and is suggested to take place once a week. It can be adjusted according to the actual need.

### **3. Supervision and recording**

To the best benefit of your child and to increase the quality of counseling service, counselors will receive supervision from professionals to enhance the efficiency. Counselor will record audio or video under the consent of the students and their guardians. The recording contents will be only used for supervision purpose and will be deleted after the supervision is done.

### **4. Confidential**

Counselors will follow the confidential protocol to protect the privacy of students. Counselors will not talk about contents with none related parties except when discussing it with the professionals. However, we will seek assistance from the related authorities under the following circumstances:

- (1) Notice your child has the intention of hurting himself/herself or others
- (2) Notice your child is involved in related legal issues, for example, Domestic Violence Prevention Act and The Protection of Children and Youths Welfare and Rights Act, etc. We will have to take protective measures to protect your child's best interest.

### **5. Data usage and management**

Your child's data will be used only for counseling purpose, related administration, and for case reporting. Others will not have the access to it. Related personnel will also need to follow the protocol to keep students' data confidential in NNKIEH Counseling Office following the related regulations.

### **6. Parents/ Guardians' responsibility**

To help your child more efficiently, counselors may invite you to school based on the counseling need to communicate with teachers or explaining the current status of your child or discuss the counseling strategy with you. Please try your best to cooperate with us to assist your child altogether.

I have read though the notice and understand its content. I, hereby give consent to agree my child, \_\_\_\_\_, to receive counseling service.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_