

# North Shore Youth Council

## Wellness Center

Located in the portable building on the grounds of Shoreham-Wading River High School  
Telephone: 631-849-5431 | Email: mentalhealth@nsyc.com | www.nsync.com/mental-health-counseling

### Group Counseling Intake Form

Date \_\_\_\_\_

#### Client Details

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_

School District: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there any custody arrangements we should be aware of? \_\_\_\_\_

#### Group Counseling Options:

- “Solution Squad”** (*conflict resolution, ages 11-14*)  
11/7-12/19 - Thursdays @ 6:30 - 6 sessions - \$240
- “Colorful Emotions”** (*art therapy, ages 7-12*)  
11/12-12/17 - Tuesdays @ 5:00 - 6 sessions - \$300
- “Healing Brush Strokes”** (*art therapy, ages 13-18*)  
11/12-12/17 - Tuesdays @ 6:15 - 6 sessions - \$300
- “Inside Your Emotions”** (*emotional regulation, ages 7-10*)  
11/18-12/16 - Tuesdays @ 6:30 - 5 sessions - \$200

**Please tell us why you would like your child to participate in this group(s)?**

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**Areas you feel your child needs help in:**

*\*Please Check All That Apply\**

- |  |  |
|--|--|
| <input type="checkbox"/> Impulsive Control | <input type="checkbox"/> Low Motivation            |
| <input type="checkbox"/> Anger Outbursts   | <input type="checkbox"/> Difficulties at School    |
| <input type="checkbox"/> Excessive Worry   | <input type="checkbox"/> Family Struggles          |
| <input type="checkbox"/> Stress            | <input type="checkbox"/> Navigating Pressure       |
| <input type="checkbox"/> Negative Feelings | <input type="checkbox"/> Low Self-Esteem           |
| <input type="checkbox"/> Peer Problems     | <input type="checkbox"/> Social Skills Development |

**Does your child currently have any mental health diagnoses?**

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**Does your child receive outside counseling of any form? (individual psychotherapy, counseling support at school, etc.)**

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**Does your child have any behaviors we need to be aware of?**

*\*Please Check All That Apply\**

- |  |   |
|--|---|
| <input type="checkbox"/> Bites or scratches others           | <input type="checkbox"/> Gets angry easily    |
| <input type="checkbox"/> Threatens or bullies others         | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Fidgets or moves excessively        | <input type="checkbox"/> Has temper tantrums  |
| <input type="checkbox"/> Talks back to adults when corrected | <input type="checkbox"/> Self-Harm            |
| <input type="checkbox"/> Disobeys rules or requests          | <input type="checkbox"/> Suicidal Ideation    |
|  | <input type="checkbox"/> Other: _____         |

**I consent to having a clinician from the NSYC Wellness Center contact me at the provided phone number to conduct a brief 10-15 minute phone screening. This call will provide additional information and outline the next steps in the sign-up process.**

Print name: \_\_\_\_\_

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

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

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### **Informed Consent for Group Counseling**

Thank you for considering the NSYC Wellness Center for your child's needs. This document outlines important information regarding group counseling.

*Please review this information carefully.*

**Purpose:** Group counseling is a unique relationship in which a group of people who are experiencing similar difficulties come together to both give and receive help from one another. Our groups run to provide a supportive environment where children can explore and address their emotional and behavioral concerns. The group sessions will involve various therapeutic activities designed to promote personal growth, social skills, and other targeted areas.

**Counselor Qualifications:** All group sessions will be conducted by licensed professionals with appropriate credentials and experience in child therapy and group facilitation. Our counselors adhere to high standards of professional practice and ethical conduct.

**Confidentiality:** Confidentiality is essential in all therapy. All information discussed in sessions will be kept private and only shared with others outside the group with your consent, except in the following circumstances:

- If there is a risk of harm to your child or others.
- If there is suspicion of abuse or neglect.
- If required by law (e.g., a court order).

**Attendance:** Regular attendance is crucial for the success of the group. Please ensure that your child attends all scheduled sessions. If your child is unable to attend a session, please inform us as soon as possible. Frequent absences may impact the therapeutic process and the group's overall dynamics.

**Right to Terminate:** You have the right to withdraw your child from the group at any time. We encourage you to discuss any concerns or issues with us before making this decision to ensure we can address them appropriately. Additionally, NSYC Wellness Center reserves the right to remove your child from the group if it is determined that they are not a good fit for the group's dynamics or therapeutic goals.

**Liability:** While NSYC Wellness Center strives to provide a safe and effective therapeutic environment, the following conditions apply:

The parent/guardian permits their child to participate in all activities offered in group counseling. If attempts to contact the parent/guardian are unsuccessful, NSYC is authorized to consent to any emergency medical, surgical, or dental treatment deemed advisable by a qualified medical doctor or dentist. NSYC is also authorized to take all necessary steps to ensure the child's health and safety in case of an emergency, including administering any needed medications.

In the event of an accident or injury, the parent/guardian agrees not to hold NSYC Wellness Center, its employees, or its volunteers responsible. The parent/guardian understands and assumes all risks associated with their child's participation in the group. NSYC is not accountable for any injury or illness that may occur due to factors outside its control, including acts of God or communicable diseases. Should an injury occur during the program, the parent/guardian will be responsible for all medical treatment and related costs through their medical insurance policy and/or personal finances.

**Emergencies:** In the event of an emergency, please contact emergency services immediately. For non-urgent matters related to the group, you can reach out to us during business hours. If your child requires immediate support outside of session times, please seek help from appropriate emergency resources or services.

**Consent to Participate:** By signing this form, you consent to your child's participation in the therapy group and agree to the terms outlined above. You acknowledge that you have had the opportunity to ask questions and that you understand the information provided.

*If you have any questions or require further clarification, please do not hesitate to contact us.*

**Parent/Guardian Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

*If your child could benefit from individualized support alongside group counseling, please contact our office to learn more about the comprehensive services we offer.*

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### Group Counseling Policies

#### **Group Session Procedures**

To maintain a structured and confidential environment, we kindly ask that all participants arrive on time for each session. A 10-minute grace period is allowed at the start of each session. After this period, the doors will be locked to prevent disruptions and to ensure the privacy of all group members.

Please note that our waiting area will be in use during group sessions. To comply with confidentiality laws, parents and guardians are not permitted to wait inside the building during sessions.

You will receive a reminder email 48 hours before each session and a reminder text 24 hours before. Group sessions run for one hour, once a week. The number of sessions and the location may vary depending on the specific group. You will be informed of the group's location during the sign-up process.

#### **Payment**

Please note that there are no refunds for missed sessions. For your security, our office manager will contact you directly to collect payment information over the phone. If you wish to pay by cash or check, payment is due no later than 48 hours before the first group meeting. Cash or checks should be brought to the NSYC Wellness Center located in a portable trailer on the grounds of Shoreham Wading River High School.

#### **Enrollment**

Completion of the enrollment paperwork does not guarantee a spot in the group. You will be notified of your child's enrollment status once we have reviewed and processed your documents.

If you need to cancel your child's enrollment in a group session, please notify our office by phone or email at least 48 hours before the start date.

**By signing this document, I confirm that I have read, understand, and agree to adhere to the group policies and procedures outlined above.**

Print name: \_\_\_\_\_

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

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

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### Group Counseling

### Pick-Up Authorization & Emergency Contact Form

Name of Child Participant: \_\_\_\_\_

Print name of Parent/ Guardian: \_\_\_\_\_

Please list the person(s) who are authorized to pick up your child.

Name	Relationship	Phone Number

\_\_\_\_\_ I understand that if someone other than listed above attempts to pick up my  
(initial) child, they will be turned away unless prior notice is given to NSYC Wellness  
Center. In the event that someone not authorized on this list needs to pick up  
your child please call 631-849-5431 at your earliest convenience.

### Emergency Contacts:

Name	Relationship	Phone Number

Signature of Parent/ Guardian: \_\_\_\_\_

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