

Dear Parent,

Your child, \_\_\_\_\_, has recently been referred for counseling services. I am very interested in your child's academic, social, and personal success here at school. As the elementary school counselor, I would like to offer my support and assistance.

If you are interested in having your child receive these services, please sign and return this permission slip to the school. If you have any questions or concerns, please free to contact me.

Phone:

e-mail address:

Warmly and with much interest

Elementary School Counselor

## **PARENTAL PERMISSION FOR COUNSELING SERVICES**

**Student Name**

**Phone Number**

**Current School**

The counseling services available through Washington County Elementary Schools are:

- Direct counseling to student (individual and group)
- Teacher and parent consultation
- Skills training (academic, communication, coping, self-management, social)
- Classroom presentations, discussions and observations
- Resource to community agencies

**I give permission for the services listed above and authorize my child's participation in the school's counseling and guidance program for the \_\_\_\_\_ school year.**

\_\_\_\_\_  
*Parent/Guardian Signature to authorize counseling services*

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

**Utah State Law requires a two-week waiting period before beginning counseling services. If you would like to begin these services as soon as possible, please sign below to waive the two-week notification period.**

\_\_\_\_\_  
*Parent/Guardian Signature to waive two-week notification*

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