

Please return by Monday, October 19th, 2020

Dear Parents/Guardians:

As part of our school's counseling program, you are encouraged to give permission for school counseling in case the need should arise during the school year. By signing the permission slip below, you are giving consent for brief counseling. This counseling may be initiated by you, the teacher, or the student should an issue arise during the school year. If something should occur that is upsetting for a student, signing the permission form would allow the counselor to talk with your son/daughter at the time of the incident rather than experiencing a delay in service by trying to obtain permission afterwards. This would increase our effectiveness in dealing with everyday events that are a part of school life.

The content of all counseling sessions is confidential. It is a service for the student and does not become part of the school records. State law mandates that all school personnel report suspected child abuse or neglect or serious threats of bodily harm to oneself or others. These are the only exceptions to confidentiality.

If the issue is not resolved through brief counseling, you will be consulted and given recommendations. If continued school counseling is indicated, this would only occur with additional permission from you.

Please sign and return the permission form below as soon as possible. If you have any questions, please contact the School Counselor, Arlene Gonsalves, at (916) 442-5494.

Thank you for your time, attention, and support.

Arlene Gonsalves
School Counselor

[Signature]
Principal

SCHOOL COUNSELING PERMISSION

(PLEASE SIGN AND RETURN THIS PORTION OF THE FORM)

Child's name _____ Grade _____ Birth Date _____

I understand the purpose of brief counseling, confidentiality, and exceptions to confidentiality.

I give permission for the school counselor to see my child for brief counseling if requested. _____

OR

I have questions or concerns regarding the counseling program and would like to discuss them. _____

Parent/Guardian _____ Date _____

Telephone (home) _____ (work) _____