Gratz Brown Counseling Consent Form

To the parents/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Your child has been referred to me for counseling services to work on the following skill(s):

\_\_\_\_\_\_Academics (organization skills, peer relations, absences, etc.)

\_\_\_\_\_\_Behavioral (discipline, motivation, bullying, etc.)

\_\_\_\_\_\_Personal (death/loss, separation/divorce, conflict, recent move, etc.)

\_\_\_\_\_\_Emotional (sad/depressed, nervous/anxiety, angry, fearful, etc.)

I (or the counselor from North Park) will be working with your child individually and/or in a group setting for 8 weeks. Services are provided free of charge and may be ended at any time by your child. Information shared by your child is confidential unless there is evidence that you child is in danger or harming his/herself or someone else, your child is being harmed by an individual, physical/sexual abuse, if ordered by the court or there is intent to commit significant property damage. Please return this consent form ASAP. If there are any questions, please call me at Gratz Brown Elementary at 660-269-2181.

Sincerely,

Mrs. Trisa Redington, Guidance Counselor

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I have read and understood these services. I agree and give permission for my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in these counseling services.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_