[](http://www.slcschools.org/)  
 Student Services  
 440 East 100 South  
 Salt Lake City, UT 84111  
 Phone: 801-578-8206  
 Fax: 801 – 578 - 2084

# Parent/Guardian Permission for School Counseling Services

Date Student

School Grade

Dear parent/guardian ;

As a part of every student’s school experience in grades K – 12, school counselors routinely discuss with them issues related to academic planning and progress as well as personal/social development and career decision-making issues. Occasionally it is necessary to do follow-up with students individually or in groups on any of these issues. At this time, I would like to provide your student with school counseling services. The Utah Family Educational Rights and Privacy Act (Utah Code 53E – 9 – 202/203) and Protection of Pupil Rights Amendment 20 U.S.C.1232 g. (see “Annual Notice” in your school registration packet) requires school district personnel to have your consent prior to on-going counseling sessions with your student.

Information concerning life-threatening situations will be shared with the parent/guardian and appropriate school personnel. Information gathered from a counseling session may be shared with the administrator or other school personnel only on a need-to-know basis. Information regarding a student’s drug or alcohol use will be reported to the parent/guardian. State law requires that information suggestive of child abuse must be reported to the appropriate governmental agency.

Please check only **ONE** of the items below:

I give consent for my student to participate in school counseling services as outlined above immediately and thereby waive the 2-week waiting period.\*

I give consent for my student to participate in school counseling services as outlined above but would like the services to begin 2 weeks from the above date.\*

I do NOT give consent for my student to participate in the school counseling services as outlined above at this time.

Please sign below:

Parent/Guardian Telephone Number Date If you should need further information, or have questions or concerns, please call me:

Julia Schleifman \_\_\_\_\_\_\_\_\_\_\_\_ (801) 584-2913 ext. 154\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor Telephone Number

\*Utah law requires a 2-week waiting period prior to counseling services being provided unless parent/guardian agrees otherwise.

# Information about Small Group Counseling

## Our school offers various small group counseling opportunities for our students. These groups are short term and generally meet once a week for 5 – 8 weeks. Your student has been referred to one of these counseling groups.

**In order for your student to participate in this counseling group, you will need to sign/date the attached “Parent/Guardian Permission for School Counseling Services” form. Be advised that your signature on this form indicates your permission for this counseling group only.**

## The group your student has been referred to has been planned as follows:

Number of times this counseling group will meet: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Dates/Times of counseling Group: |  |  |
|  | | |
|  | | |
| Focus of Counseling Group: |  | |
|  | | |
|  | | |

Name(s)/telephone number(s) of individual(s) facilitating this group:

Name: Position Telephone #:

Name: Position Telephone #:

Name: Position Telephone #:

If you have any questions or concerns, please contact any one of the facilitators listed above.

05/16/2018

English