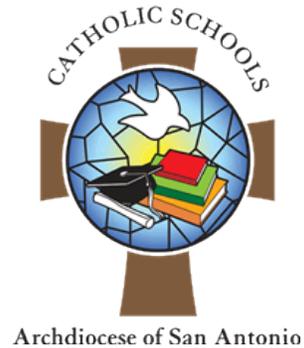


# Parental Consent for Counseling Form

Archdiocese of San Antonio  
Department of Catholic Schools  
Counseling and Guidance Services  
Parental Consent for Counseling



Today's Date: \_\_\_\_\_

Dear (Parent or Legal Guardian) \_\_\_\_\_

It has been recommended that (your child) \_\_\_\_\_ receive school counseling support services. This request for counseling has been made by one or more of the following:

The classroom teacher	_____	Email: _____
The counselor	_____	Email: _____
The school principal	_____	Email: _____
You, parent or legal guardian	_____	
The student (your child)	_____	

Counseling services can be provided through classroom lessons, small group meetings, and individual sessions to address a variety of issues that may include the following: understanding self and others, social skill development, making and keeping friends, coping skills, family relationships, managing change, time management and study skills, conflict resolution, and bullying issues.

Parent permission/consent for counseling is being requested to provide on-going individual counseling services to your child. Although individual counseling sessions may address a variety of student specific needs, an overall goal of counseling is to assist the student in reaching their potential for success in school and to work towards desired change. Please do not hesitate to contact the school counselor to discuss your child's progress in counseling or to inform us of any changes or challenges in the home that may be affecting their academic performance or behavior in school. Should the school not have a counselor readily available, please, contact the school principal, who can help you arrange for a counselor.

Through counseling support services, we strive to further strengthen the school-parent partnership, to provide support to parents as primary educators of their children, and to continue to help you in working toward the formation of the WHOLE child – fostering their academic, social, emotional, behavioral, and spiritual development. We believe that working together with parents and students, each child can be successful in school.

**PARENT CONSENT:** I agree to allow (student) \_\_\_\_\_ to receive individual counseling services. I understand that I may revoke this consent at any time by signing and dating a written notice.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_