

**Chipeta Elementary School
School Counseling Services**

Parent Consent for Individual Counseling

Student's Name _____

Birthdate _____

Parent/Guardian Name _____

Phone Number _____

Our school is committed to supporting _____ success. We would like to provide additional support in order to develop and carryout a positive plan for your child. We are asking for your permission to provide individual services, which may include classroom observations, one-on-one discussions, goal-setting, assessment/evaluation, check-ins, and other support as needed. The purpose of these services is to enhance your child's academic performance and overall school success. These services will be provided during the current school year and may be withdrawn by the School Counselor or you at any time.

The specific skill(s) that we will be working on or topic(s) we will be addressing are _____

_____.

The specific goal(s) that we will be working towards are _____

_____.

We will meet for _____ sessions and/or until _____ (date) at which time, the school counselor and parent/guardian will together determine the next course of action as needed.

Please check **one** of the choices below, sign, and return to Mrs. Moore.

- I give permission for _____ to receive individual services from the School Counselor.
- I do not wish for _____ to receive individual services at this time.

Parent/Guardian Signature: _____

Date: _____

If you have any questions, please contact me at Chipeta Elementary School at 970-254-6825, Ext. 45108.
School Contact: Allyson Moore Position: School Counselor