

Individual Counseling Permission Form

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been recommended for individual counseling.

The purpose of individual counseling is to enhance social and academic skills to increase your child’s success. The sessions will include: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I plan to meet with \_\_\_\_\_\_\_\_\_ for approximately \_\_\_\_\_ weeks.

After this time, I would like to schedule a parent conference to discuss your child’s progress.

If you have any questions, please feel free to contact me.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Name                                                      Phone#

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Return to your child’s teacher (check one)

\_\_\_\_\_ My child may participate in individual counseling sessions.

\_\_\_\_\_ My child may not participate in individual counseling sessions.

Child’s Name/ Section/ ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_