

Weber School District
PERMISSION TO PROVIDE INDIVIDUAL/GROUP COUNSELING

Date _____

Dear Parent:

At _____ we offer a broad range of supportive services to students. We would like to offer your child, _____, the opportunity to participate in some supportive counseling while at school. A counselor is willing to meet with your child to help address some issues. The issues the counselor plans to discuss are:

The counselor may use printed material to help with the discussions. If you would like to review this material, it is available. You may also review any education records of your student created from this counseling.

Meetings with the counselor will take place during school hours for approximately _____ sessions and for about _____ minutes each time. We need your permission to meet with your child to discuss the above issues. Please sign this letter of permission so the counselor can provide this service.

The following services are proposed: Group Counseling Individual Counseling Monitor Behavior

Thanks for taking the time to consider this request to serve your child.

Sincerely,

 School Counselor

Select & Sign Just One	My child has permission to participate in supportive counseling this school year. I waive the Utah State Law, Sec 53E-9-203, which provides that parents are notified at least two weeks prior to the child participating in the supportive counseling. -By typing my signature below, I give consent via authorized electronic signature <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Parent/Guardian Signature Date </div>
	My child has permission to participate in supportive counseling this school year, but I do not waive the two-week notification. I will contact the school counselor to review the material within the two-week period. -By typing my signature below, I give consent via authorized electronic signature <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Parent/Guardian Signature Date </div>
	I do not authorize participation of my child in this supportive counseling. (By typing my signature below, I give consent to use my signature via authorized electronic signature) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Parent/Guardian Signature Date </div>