

**PARENT/GUARDIAN PERMISSION FOR SCHOOL COUNSELING SERVICES**

Date \_\_\_\_\_ School \_\_\_\_\_  
Student \_\_\_\_\_ 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 53A – 13 – 301/302) 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:

\_\_\_\_\_  
School Counselor Telephone Number

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

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United States Code, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Whitney Banks, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) 844-5695.

## 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.

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