



Mrs. Lashonda Davis, M.Ed.
School Counselor
Wedgewood Elementary School

School Counseling Consent Form

Child's Name: _____ Teacher: _____ Grade: _____

Dear Parent/Guardian,

Your child has been referred for group/individual counseling by a classroom teacher, an administrator, parent, or self-referred. School counseling is short-term and problem-solving oriented. It is usually recommended for a student to improve a specific behavior, effective communication skills, conflict resolution, interpersonal relationships, decision making skills, anger management, or other issues that are impacting a student's performance in school.

Confidentiality is important to develop a positive counseling relationship and is only broken in cases of indicated criminal activity or threats of harm to himself/herself or others by the student.

School counselors are not therapists and do not provide therapy or psychological diagnoses. A list of local counseling therapists is available if you are considering the need for an evaluation, therapy, and/or family counseling.

If you have any questions regarding your child receiving counseling, please contact **Mrs. Davis at 225-753-7301.**

Parent/Guardian, Please check one and return to the counselor.

- Yes, I give my permission for my child, _____, to participate in counseling provided by a Professional School Counselor. I understand the purpose of the counseling service.
- No, I do not wish for my child to participate in this service.

Parent/Guardian Signature: _____ Date: _____

Comments: