**Sulphur Springs Independent School District Parent Permission Form for Counseling Services—Individual and Group**

Campus: Barbara Bush Primary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor: Carey Lobin \_\_\_



|  |  |
| --- | --- |
| Phone:  | 903-439-6170 Ext: 6122\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Counselor’s campus number and office extension  |
| Email:  | clobin@ssisd.net\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Counselor’s email address  |
| Date:  | ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Dear Parent/Guardian:

The counseling program at our campus is designed to be preventative and developmental. In addition to seeing students individually and in the classroom during guidance sessions, I teach skills and information in small-group settings.

I want my child, \_Jade Garrison, to become a member of my counseling services. *All* students can benefit from learning how to be successful in school, learning to build self-help skills in addition to learning how to make, keep, and support friends. I stress the importance of communicating effectively and assisting with making good decisions and problem-solving with all students. Students can learn more about themselves and from one another, enhancing their self-concept. Participation *does not* indicate a problem.

If you have any questions or comments, please contact me. Thank you for being so supportive!

Sincerely,

please get in touch with

­­School Counselor

Check all that apply:

\_\_\_\_\_ My child *may* participate in ***individual sessions*** with the school counselor.

\_\_\_\_\_My child *may not* participate in ***individual sessions*** with the school counselor.

\_\_\_\_\_ My child *may* participate in ***group sessions*** with the school counselor.

\_\_\_\_\_My child *may not* participate in ***group sessions*** with the school counselor.