

Counselor Survey and Permission Form

Please check any items below that may describe your child's needs. This will help with the implementation of classroom guidance topics and the need for small groups.

My child needs...

_____ to learn how to make friends.

_____ help with academic concerns.

_____ to know how to control his/her anger and express emotions.

_____ to know how to cope with a recent death, divorce or other family change (circle).

_____ Other needs: (Please specify)

_____ No concerns at this time.

_____ I would like the counselor to start meeting with my child individually as soon as possible to help him or her with _____.

_____ I would be willing to share my career or special area of interest with students during the Elementary Career Day. If yes, what career or interest? _____

I would like to have a permission form on file in my office for every student. Please indicate your preference below and return this form to your child's homeroom teacher. Permission forms are kept on file in the counselor's office for one school year.

Parent Permission Form for Counseling Services

Student's Name _____ Grade: _____ Homeroom: _____

_____ My child **has my permission** to participate in individual and/or small group counseling at Holy Rosary School. **Parents will be notified if a student is referred or requests to see the counselor. If your child is invited to join a small group, a letter will be sent home with more information about the group and a choice to opt out of participating.**

_____ My child **DOES NOT** have permission to participate in small groups or individual counseling.

Parent Signature _____ Date _____