

Archdiocese of San Antonio
Department of Catholic Schools
Counseling and Guidance Services
Parental Consent for Small Group Counseling



Archdiocese of San Antonio

Dear (Parent or Legal Guardian) _____

It has been recommended that (your child) _____ receive **small group** school counseling support services. This request for counseling has been made by one or more of the following:

- The classroom teacher _____
- You, parent or legal guardian _____
- The school principal _____
- The student (your child) _____
- The counselor _____

Small Group Counseling is provided through weekly sessions to address a variety of issues that may include the following: understanding self and others, social skill development, making and keeping friends, coping skills, family relationships, managing change, time management and study skills, conflict resolution, and bullying issues.

Parent permission/consent for counseling is required for school based small group counseling. In addition, individual counseling sessions may be utilized in addition to small group services to address student specific needs. An overall goal of counseling is to assist the student in reaching their potential for success in school and to work towards desired change. Please do not hesitate to contact the school counselor _____ @ _____ to discuss your child's progress in counseling or to inform us of any changes or challenges in the home that may be affecting their academic performance and/or behavior in school.

Through counseling support services, we strive to further strengthen the school-parent partnership, to provide support to parents as primary educators of their children, and to continue to help you in working toward the formation of the **WHOLE** child – fostering their academic, social, emotional, behavioral, and spiritual development. We believe that working together with parents and students, each child can be successful in school.

I agree to allow (student) _____ to receive individual and or small group counseling services. I understand that I may revoke this consent at any time by signing and dating a written notice.

Parent(s)/Guardian(s) Signature

Date