



Date: \_\_\_\_\_

Dear Parent(s)/Guardian(s):

Your child \_\_\_\_\_ has been invited to participate in our school counseling program. The American School Counselor Association (ASCA) supports school counselors' efforts to help students focus on academic, career, and social/emotional development. Counseling services may be provided individually and/or in a group during the school day by a TRUSD Credentialed School Counselor, School Social Worker, and/or a supervised Intern. Please note that the duration of services will vary depending on the specific group and/or individual needs. If you are interested in your child receiving these services, please complete and return the permission slip below.

Please get in touch with me if you have any questions and/or would like more information.

Counselor's Name \_\_\_\_\_

School \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

***Please check the appropriate box, sign where indicated, and return as soon as possible.***

Your child \_\_\_\_\_ has been referred for counseling.

YES, I give permission for my child to participate in individual/group School Counseling Services.

NO, I do not give permission for my child to participate in individual/ group School Counseling Services.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Teacher/Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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