

September 2008

Dear Parents/Guardians:

As part of the St. Catherine's School Counseling Program for the 2007/2008 school year, it may be helpful for the counselor to speak with your child on occasion. For example, your child may be experiencing some difficulty at school or appear to be upset for some reason. Often students request to see the counselor in order to work out something that is of concern to them. In order to be effective in dealing with the everyday events that are part of school life, we are asking parents/guardians to cooperate by giving permission for their child to be involved in this type of brief counseling.

All counseling is **CONFIDENTIAL**. It is a service provided for the students and does not become a part of their school records. State law mandates that all school personnel report suspected child abuse or neglect, or serious threats of bodily harm to oneself or others. These are the only exceptions to confidentiality.

We hope you are able to recognize the benefits of brief counseling when appropriate. If ongoing school counseling is recommended for your child, you would certainly be consulted before this would occur, and it would be done only with your permission. Referrals to other services can be provided as well.

Thank you for your attention and cooperation. If you have any questions, please contact **Catholic Social Service's School Counselor, Mr. Tom Clark through the school office or at (888) 637-7404 x 26 or Erlinda Fernandez at (707) 208-2286**. Please sign and return this permission slip as soon as possible. Thank you for your cooperation.

Sincerely,

Mrs. Linda Mazzei, Principal

PLEASE RETURN THIS PORTION

SCHOOL COUNSELING PERMISSION FORM

Family's Name _____

Child's Name _____ **Grade** _____

Child's Name _____ **Grade** _____

Child's Name _____ **Grade** _____

I understand the purpose of brief counseling. I understand the confidentiality of counseling as well as the exceptions to confidentiality.

_____(initial) **I give my child permission for the school counselor to see my child for brief counseling if necessary.**

_____(initial) **I have questions or concerns regarding the program and would like to have the school counselor contact me/us.**

Parent/Guardian _____ **Date** _____

Telephone: Home _____ **Work** _____ **Cell** _____

