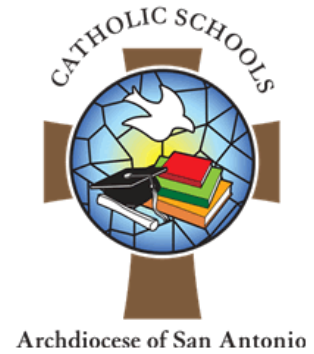# Archdiocese of San Antonio
Department of Catholic Schools
Counseling and Guidance Services
Parental Consent for Individual Counseling

Dear (Parent or Legal Guardian) _____

It has been recommended that (your child) _____ receive 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	_____

Counseling services in Catholic Schools can be provided through a variety of modalities, including classroom lessons, small group meetings, and individual 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 being requested to provide on-going individual counseling for your child. Although individual counseling sessions may address a variety of 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, Mrs. Moncrief (emoncrief@saintmonica.net) 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 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
*eSignature equivalent to physical signature