

Corinth Elementary School
1910 Droke Road
Corinth, Mississippi 38834
662-286-5245



Elementary Counseling Services

No matter how you feel — good or bad — it helps to put your feelings into words. Talking about feelings can help you feel close to people who care. It can help you feel better when you're sad or scared. Putting feelings into words helps you use self-control when you feel mad or upset.

Dear Parent(s)/Guardian(s):

Your child has been referred to receive counseling services at school. We appreciate any consideration you may give to this type of assistance for your child. If you would like your child to receive counseling services, please complete, sign and return the enclosed papers to school. The following are explanations of each form provided:

Parental Informed Consent: This form allows your child to participate in counseling (*individual, group, or both*).

Problem Checklist: This is a form which helps us to identify what specific areas that you and you and your child wish to work on in counseling. It also identifies your child's strengths.

We always enjoy hearing from parents. Please call us with any questions, concerns, or progress that you may wish to hear about or report.

Wini Beech and Leslie Hall
School Counselors
Corinth Elementary School
662-286-5245
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Parent Informed Consent for Elementary Counseling Services

Child's Name: _____

I am fully aware of all the circumstances of my son's/daughter's participation in counseling services and I give the school my informed consent to provide these services.

Parent Signature

Date

Information will be treated confidentially.

***Confidentiality shall NOT be maintained where there is:

- Reason to suspect the occurrence of child abuse or neglect
- Where there is clear threat to do serious bodily harm to self and/or others
- Where a court intervenes under court order

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Checklist for Parents

feels sad, often tearful
diminished pleasure in activities
weight loss/gain
difficulty sleeping
loss of energy
feelings of worthlessness
difficulty making decisions
thoughts or statements of wanting to die
makes careless mistakes
follows directions poorly
difficult maintaining attention
fails to finish tasks
often loses things
trouble remembering things
easily distracted difficulty sitting still
often "on the go"
difficulty waiting for a turn
wants to boss others
initiates fights, bullies others
has been physically cruel to people
has been physically cruel to animals
takes things that don't belong to him/her
starts fires
lies often
destroys property
swears and/or name calls
unpredictable behavior
loses temper easily
argues with adults
refuses to comply with rules
denies responsibility for actions
easily annoyed
often angry and resentful
birth of sibling

witnessed violent act
has been sexually abused
repetitive play
frequent nightmares
diminished interest in activities
sense of foreshortened future
has many fears
difficulty concentrating
irritability or anger outbursts
"walking on egg shells"
clings to parent
distress when separated from parent
refusal to go to school
need to sleep with parent
reluctant to be alone
repeated physical complaints
bedwetting
soiling
worries excessively
prefers to play by self
withdraws from group activity quickly
shyness
has difficulty expressing self
upset if makes mistakes
feelings easily hurt
talks bad about self
blames self if things go wrong
loss of a parent
divorce
parent in jail
loss of a family member
loss of animal
recent move
illness of family member

Other:

Please list at least THREE strengths of your child:

What is your view of the problem/concern?