



**GEORGE E. WILSON ELEMENTARY SCHOOL**

600 East Park Avenue, Hamilton, NJ 08610

P: 609-631-4169

F: 609-631-4139

Dereth Sanchez-Ahmed, Principal



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**Counseling Referral Form**

Dear Parent and or Guardian:

Your child has been referred to the School Counseling Department at Wilson Elementary School. Counseling at the elementary level is about social, emotional, academic and personal growth of the child. Through the support of Individual Counseling in working with a counselor on a weekly basis it is important that communication between the home and school connection is made.

This form will serve as consent provided that you understand your child will receive counseling services on a weekly basis that is scheduled with a School Counselor.

Counseling is confidential, however in the event that a child has expressed concern that they are in danger following the protocols and policy of DCP&P will be initiated.

Please understand and review the following information and return signed with your child to your child's teacher. Thank you and please don't hesitate to contact the Wilson School Counseling Department.

Wilson School Counseling Department:

Mr. Maurice

[Bmaurice@htsdnj.org](mailto:Bmaurice@htsdnj.org)

(609) 631-4169 ex: 2932

I have read the following information above regarding School Counseling Information and consent to my child being seen by the School Counselor.

Name of Child : \_\_\_\_\_

Signature : \_\_\_\_\_

I have read the following information above regarding School Counseling Information and do NOT consent to my child being seen by the School Counselor.

Name of Child : \_\_\_\_\_

Signature : \_\_\_\_\_