



## CUERO INDEPENDENT SCHOOL DISTRICT

**Safe & Supportive Schools Program**  
**960 East Broadway, Cuero, Texas 77954**  
**Phone (361) 275-1900**  
**FAX (361) 275-8597**

**Ruby Rodriguez, M.Ed.**  
*Director of Special Programs*

**Lacy Timpone, M.Ed., LPC**  
**Courtney Kalinowski, M.S., LPC**  
**Kathy F. Scott, LMSW**

### **Counseling Services Parental Permission Form**

Cuero ISD is committed to providing quality education to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students for counseling, or students may request counseling. The aim of the counseling services is to help students have more effective education and socialization within the school community. Possible counseling topics are coping with changes, transition, self-esteem, friendship and relationship issues, study skills, stress management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc. These services are available at no cost. However, these services are not intended as a substitute for medication or diagnosis, which are not the responsibility of the school.

Because counseling is based on a trusting relationship between counselor and counselee, the licensed counselors will keep information confidential with some possible exceptions. We understand that the counselors may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the child as a team. Under the following circumstances, the licensed counselors are required by law to share information with others. 1. Presenting information about hurting himself/herself or another person. 2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect 3. Threats to school security 4. If counseling records are court ordered

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the counselors, and the length of counseling, please contact the designated contact for your campus.

Thank you,

Kathy F. Scott, LMSW  
John C. French & Hunt Elementary Schools  
[kfscott@cueroisd.org](mailto:kfscott@cueroisd.org)

Courtney Kalinowski  
Junior High School  
[ckalinowski@cueroisd.org](mailto:ckalinowski@cueroisd.org)

Lacy Timpone  
High School  
[ltimpone@cueroisd.org](mailto:ltimpone@cueroisd.org)

I give my student, \_\_\_\_\_, permission to participate in counseling sessions.  
(Student Name)

Parent/Guardian Printed Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Cuero I.S.D. School Board**

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***Committed to Excellence***

**Cuero I.S.D. does not discriminate on the basis of race, color, age, sex, religion, disability or national origin.**