

School Counseling Opt-Out Form

Complete and return this form to the school office or your child's teacher **by the second week of school** only if you **DO NOT want your child to participate** in an aspect of the school counseling program.

A request to opt a student out of school counseling will become effective on the day it is received by the school and will remain in effect through the school year, unless the opt-out request is rescinded in writing. A new school counseling opt-out must be completed each school year.

I request that my child _____, in grade _____, NOT participate in the following:

_____ Academic school counseling that is provided by his or her school.

_____ Career school counseling that is provided by his or her school.

_____ Social or emotional school counseling that is provided by his or her school.

I understand that parental permission is not required for counseling and/or crisis intervention that is needed to maintain order, discipline, or a productive learning environment.

Signature of parent or guardian

Date

Student's name: _____ (please print)

Student's school: _____