PINELLAS COUNTY SCHOOLS

**CONSENT FOR COUNSELING**

Dear Parent/Guardian,

Your child has been referred for individual or group counseling, by a teacher, you, or other school staff. Small group counseling provides not only the opportunity for additional learning experiences but also a time of sharing and growing together with fellow students. Small groups give the students a chance to belong, to express themselves, and to benefit from the support of group members.

It is your choice to consent or decline individual or group counseling. Please indicate your preference below and return the bottom portion of this letter. I will happily answer any questions you have and look forward to working with your child. You can reach me by calling the school at _____ , or via email at _____ .

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**Please complete and return this portion to _____ by _____**

❑ **I give consent** for my child to participate in individual and/or small group counseling (topic: _____ ).

❑ **I do not give consent** for my child to participate in individual and/or small group counseling.

| Student Name | Teacher | Grade |
|---|---|---|
| Parent/Guardian Name | Parent/Guardian Signature | Date |
| Phone Number | Email Address | |