

Raisin City Elementary

6425 W. Bowles Raisin City, CA 93652 (559) 233-0128

Dear Parent(s):

Due to concerns regarding your child's academic, social or behavioral wellbeing, he/she has been referred for school-based counseling services with the school psychologist at Raisin City Elementary. School-based counseling services typically focus on helping your child to develop skills necessary for academic and social success at school. This service will consist of weekly individual counseling sessions, approximately 15-30 minutes in length, for approximately 4-5 weeks. You will be notified prior to the termination of these services.

Information shared in counseling is confidential and is protected under the Family Education Right to Privacy Act (FERPA), with the following exceptions: 1) When there is reason to believe that your child may cause injury to themselves or someone else; or 2) Where there is reason to suspect that your child may be a victim of any form of child abuse.

☐ I agree

☐ I do not agree

That my child _____, date of birth _____, receive school-based counseling services from a school psychologist or school counselor. I understand that my permission may be withdrawn at any time and that I have the right to discuss my child's progress with the school psychologist at any time.

Parent/ Legal Guardian

Date

Telephone



Jessica Juarez
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Principal

Ruth Alvarado
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School Counselor

Armando Villalobos
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School Psychologist