

**Chipeta Elementary School  
School Counseling Services**

**Parent Consent for Individual Counseling**

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Our school is committed to supporting \_\_\_\_\_ success. We would like to provide additional support in order to develop and carryout a positive plan for your child. We are asking for your permission to provide individual services, which may include classroom observations, one-on-one discussions, goal-setting, assessment/evaluation, check-ins, and other support as needed. The purpose of these services is to enhance your child's overall school success. These services will be provided during the current school year and may be withdrawn by the School Counselor or you at any time.

| Specific Focus and/or Goals |
|-----------------------------|
|                             |

We will meet for \_\_\_\_\_ sessions and/or until \_\_\_\_\_ (date) at which time, the school counselor and parent/guardian will together determine the next course of action as needed.

Please check one of the choices below, sign, and return to Mrs. Schreiner.

- I give permission for \_\_\_\_\_ to receive individual services from the School Counselor.
- I do not wish for \_\_\_\_\_ to receive individual services at this time.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, please contact me at Chipeta Elementary School at 970-254-6825, Ext. 45108.  
School Contact: \_\_\_\_\_ Julie Schreiner \_\_\_\_\_ Position: \_\_\_\_\_ School Counselor \_\_\_\_\_

***Julie Schreiner***  
School Counselor  
Chipeta Elementary  
(970) 254-6825 Ext. 45108