



## Consent for Counseling

Dear \_\_\_\_\_,

(Date: \_\_\_\_\_)

Your child, \_\_\_\_\_, has been referred for counseling by a member of our education team. Typically, the counseling experience is once or twice a week for 30-45 minutes either in an individual or group setting. We make all efforts to schedule counseling during non-academic subjects.

During counseling sessions, your child will learn skills to help him/her improve behavior and to develop new coping mechanisms for difficult situations. Your child will be working toward an individual goal which we can collaborate jointly to set for him/her. In order to facilitate a successful counseling experience, we will utilize different activities to help your child engage in the process. Through our interaction during these discussions and activities, we work to understand feelings and emotions and begin to understand how someone's feelings can affect their behavior. We then can practice a new way to approach an old problem.

Because counseling is based on a trusting relationship between the counselor and the student, information gained in these sessions is confidential. However, if at any time, there is information conveyed during a session that I feel is important for you to know about, I will tell your child that this is the kind of information I must share with their parent(s) or caregiver(s) and I will do so.

Counseling in an education setting is short term in nature and solution focused. If long term counseling or other services are needed, assistance will be provided to find appropriate community or private services.

If you have any questions, comments or concerns, please feel free to contact me via the contact information listed below. I look forward to working with your child this year and working with you as well to provide an optimum learning experience here at your child's School.

Sincerely yours,

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I, \_\_\_\_\_, have read and understand the information above and give permission for my child, \_\_\_\_\_, to meet with the Shulamith School for Girls of Brooklyn's Social Worker or School counselor.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date