



Student Support Services
Consent for Services

School Name: _____

School Number: _____

Date: _____

Student Being Referred: _____ Date of Birth: _____

Student Number: _____ Grade: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Business Phone: _____

Referred By: _____ Title: _____

Your child has been referred to the School Counselor for the purpose of providing him/her with additional professional support services including Consultation, Counseling, and Case Management, as needed.

Concerns for your child are in the following area(s):

Achievement

Behavior Social Life Skills

Other – Explain: _____

If you have questions or wish additional information please call *(phone)*: _____

Administrator/Designee _____ Date: _____
Signature

Please return this form to the School Counselor.

PARENT / GUARDIAN CONSENT

Check One:

Permission is given for the service

Permission is denied for this service

I request a conference to discuss this matter

Parent/Guardian: _____ Date: _____
Signature

You may withdraw consent at any time by contacting the appropriate Student Services personnel.