



Individual Counseling Consent Letter

Your permission is requested for your child to participate in short term individual counseling. Provided on an as needed basis, individual counseling can be an excellent way for students to build and practice new skills as well as develop self confidence that may help with their academic, personal and /or social development. Skill building is a chief component based on the specific needs of your child. They may include: study skills, test taking strategies, anger management, goal setting, coping with changes in the family such as a new baby, grieving process, etc.

Participation is voluntary, and based on your written consent.

If you wish to give your child permission to participate in individual counseling, please sign this consent form and have your child return it to their teacher. Please do not hesitate to call for further clarification or for any concern.

Thank you,

Sara Linton

School Counselor

Walter Long Steam Academy 799-7456 ext. 4301

By signing this form, I give my informed consent for my child to participate in short term individual counseling.

Student Name: _____

Parent/Guardian Signature: _____

Relationship to student: _____

Teacher's Name: _____

Date: _____