

THREE FALLS ELEMENTARY

789 S 700 W Hurricane, UT 84737

Phone (435) 635-7229

Dear Parent or Guardian,

Your child _____, has recently requested to talk to me or has been referred by the principal, teacher, other school official, or yourself for possible counseling services.

The counseling services available through Washington County School District above and beyond the classroom presentations include:

- 1. Direct counseling to student (individual or group counseling)
- 2. Teacher, counselor, and parent consultation
- 3. Skills training in areas such as behavior management, social skills, coping

As the elementary school counselor I would like to offer my support and assistance to your child and to you as parents in any way I can. I am interested in your child's academic, social, and personal success at school and look forward to the opportunity to meet with your child to establish a supportive relationship.

Please sign and return this permission slip below to the school as soon as possible so I can follow up with your child. If you have any questions or concerns, please contact me. It is truly a privilege to help your child in even the smallest way.

Mike Young
School Counselor

PARENTAL PERMISSION FOR COUNSELING SERVICES

Child's Name _____

Grade _____ Teacher _____

Yes, I authorize my child's participation in counseling services at Three Falls Elementary School.

Signature of Parent

Date

Utah State Law requires a two-week waiting period before beginning counseling services. If you would like to begin these services as soon as possible, please sign below to waive the two-week waiting period.

Signature of Parent

Date