

Date: _____

Student: _____

Travis Primary School

Teacher: _____

Dear Parent(s) or Guardian(s):

As Travis Elementary School Counselor, my job is to help our students succeed both academically and interpersonally. My school counseling services are designed to help facilitate success in the academic environment. Topics covered in the counseling program this year may include: Understanding Yourself, Appropriate/Inappropriate Behavior, Being Responsible, Goal Setting, Self-Esteem, Making Friends, Identifying Feelings, etc. Time frames are flexible and based on individual needs. I see some students weekly, bi-weekly, or whenever encouragement is necessary using brief solution-focused therapy, not intensive therapy.

At this time, your child has been referred to work with me on a specific need or goal. With your permission, I will meet with your child for individual or group counseling as needed. Please mark below your counseling service preference for your child, sign the form, and return it to the school office.

If you have any questions, please contact me. I would love to talk with you.

Sincerely,



Grace Henderson
(903) 885-5246 ext. 8820
ghenderson@ssisd.net

_____ Yes, I give permission for my child to see the counselor for **individual counseling only**

_____ Yes, I give permission for my child to see the counselor for **group counseling only**

_____ Yes, I give permission for my child to see the counselor for **individual and/or group counseling**

_____ No, I would **prefer that my child not see the counselor** for these services at this time

Parent Signature: _____