

Elementary School Counseling

Consent Form

Student's Full Name: _____

Grade: _____

Date of Birth: _____

Teacher's Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Purpose of Counseling

The school counseling program provides academic, emotional, and behavioral support to help students develop healthy coping strategies and succeed in school.

Services Provided

- Individual Counseling
- Group Counseling
- Social Skills Development
- Conflict Resolution
- Emotional Regulation

Consent for Counseling

- I consent for my child to receive counseling services at school.
- I do not consent for my child to participate in counseling services.

Confidentiality & Parental Involvement

Counseling sessions are confidential except in cases where a student's safety is at risk. Parents/guardians will be notified in necessary situations.

Additional Notes (Parent/Guardian):

Signatures

Parent/Guardian Signature: _____

Date: _____

School Counselor's Signature: _____