**Bon Lin Elementary School**

**Individual/Group Counseling Permission Form**

As School Counselors working at your child’s school, we frequently meet with students on an individual basis. The purpose of these individual sessions is to provide guidance on topics that elementary school students often struggle with. The frequency of the individual sessions will depend both on the student and on the nature of the issue(s) being addressed. The sessions may range from checking in on a weekly or biweekly basis to a set appointment for 15 – 30 minutes per week. We also meet with students in small groups if necessary.

Some of the topics that are often addressed in individual or group counseling are shown below. Please place a check mark next the topic(s) that you feel your child might benefit from receiving guidance on.

☐ Academics ☐ Communication ☐ Goal Setting

☐ Anger Management ☐ Dealing with Feelings ☐ Grief & Loss

☐ Anxiety/Stress ☐ Decision Making ☐ Life Skills

☐ Bullying ☐ Divorce ☐ Organization

☐ Problem Solving ☐ Self-Esteem ☐ Study Skills

☐ Social Skills

Because counseling is based on a trusting relationship between counselor and student, the counselor will keep information shared by the student confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The student reveals information about hurting himself/herself or another person.
2. The student or another person may be in physical danger.

If you would like your student to participate in individual and/or group counseling sessions, please sign below and return this form to school with your child. Please feel free to contact us if you have any questions or concerns

Crystal Smith Lana Well

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Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_Email