

Holy Family Grade School
Glendale, CA

Authorization for Counseling SY 2024 - 2025

We are pleased to inform you that a school counselor* is available to meet with you or your child to discuss any difficulties your child may be undergoing. Staff members and parents may refer children to the counselor for help. Parents are welcome to set appointments and children are welcome to **request visits or teleconferencing** with the counselor. Parents are asked to sign and return the bottom section of this paper giving their permission to the child to visit the counselor if the occasion should arise. The school counselor will inform you via phone call when she meets with your child. If you have more than one child, please list all the children on one sheet and print their names clearly.

Thank you.

Dr. Fidela Suelto
Principal

Please return this response portion as soon as possible. Thank you.

Holy Family Grade School Parent Authorization for Child's Counseling

Student name: _____ Grade _____

Student name: _____ Grade _____

Student name: _____ Grade _____

Initial one statement:

_____ I hereby give my permission for my child to participate in the school's counseling program if the need should arise.

_____ I do not give my permission at this time.

Parent/Guardian Signature

_____ Date _____

Print Parent's First and Last Name

_____ Daytime# _____ Evening# _____

*Services provided by Marriage and Family Therapy Intern