

Sierra Sands Unified School District
- Richmond Elementary -

Date: _____

Dear Parent or Guardian:

Your child has been invited to participate in individual or small group counseling sessions with me. This form will allow for your child's participation.

These sessions will be an opportunity for your student to learn various skills and discuss shared concerns with other children. We will meet 5 to 6 times, depending on scheduling availability. Each meeting can last up to 30 minutes and are scheduled to ensure maximum classroom instruction time.

I hereby give permission for _____ to participate in and receive individual or group counseling services from Sierra Sands Unified School District. I also authorize the release and exchange of information with staff at my child's school and the school district.

Statement of Confidentiality:

As a school counselor, I am bound by the ethical responsibility to keep the contents of your child's counseling sessions confidential. However, there are limits to confidentiality. The exceptions are:

- If a child is at risk of harm of self or another
- If a child discloses that someone is harming them

Your signature below gives permission for your child to receive individual or group counseling services at school and acknowledges that you have read and understand the limits of confidentiality.

Parent/Guardian Signature

Date

I look forward to working with your student(s). Please contact me if you have any questions or concerns.

Sincerely,

Kelly Leon School Counselor Intern (760) 499-1840 x3712 KLeon@ssusd.org	Jessica Cox School Counselor Counselor Supervisor (760) 499-1860 x3407 jcox@ssusd.org	Kevin Wythe Student Services, Coord. Admin Supervisor
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