

**Barbara Bush Elementary
2016-2017 Counseling Permission Form**

Dear Parent/Guardian,

Your child _____, has been referred for counseling services at Bush Elementary by _____. With your permission, Mrs. Stacey Strecker, will provide individual/group counseling services as deemed necessary. Please sign and return this form to your child's teacher if you would like to take advantage of this service.

Yes, my child _____, has my permission to participate individually/ in a group with Mrs. Strecker

No, my child _____, does not have my permission to participate individually / in a group with Mrs. Strecker.

(Date)

(Parent's Signature)

Please check any areas of concern:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Focus |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Grief | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Poor Grades | <input type="checkbox"/> Impulse-Control | Other _____ |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> New Student | |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Time Management/Organization | |

Please add any information you feel the counselor needs to be made aware of in order to better serve your child through counseling services. If you feel a phone or face-to-face meeting is needed, please email me at ssstrecker@conroeisd.net. _____
