

Seth Whitman Elementary School  
8989 Beloit Road  
Belvidere, IL 61008

## School Counseling Consent Form

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian,

Your child has been referred for individual counseling by a classroom teacher, an administrator, parent, or self-referred. School counseling is short-term and problem-solving oriented. It is usually recommended for a student to improve a specific behavior, effective communication skills, conflict resolution, interpersonal relationships, decision making skills, anger management, or other issues that are impacting a student's performance in school.

Confidentiality is important to develop a positive counseling relationship and is only broken in cases of indicated criminal activity or threats of harm to himself/herself or others by the student.

Attached to the consent form is a strength and difficulty questionnaire. Please complete this to allow me see your child's strengths and areas that need additional help.

School counselors are not therapists and do not provide therapy or psychological diagnoses. A list of local counseling therapists is available if you are considering the need for an evaluation, therapy, and/or family counseling.

If you have any questions regarding your child receiving counseling, please contact Shannon Wagner, School Counselor, at 815-544-3357, ext. 5586 or email [swagner@district100.com](mailto:swagner@district100.com)

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Parent/Guardian, Please check one and return to the counselor.

- Yes, I give my permission for my child, \_\_\_\_\_,  
To participate in counseling provided by a Professional School  
Counselor. I understand the purpose of the counseling service.
- No, I do not wish for my child to participate in this service.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Comments: