September 27, 2016

Dear Parent/Guardian,

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been referred to the counseling program at Tiger Academy. In order for services to be provided, your permission is needed. If you agree to allow your child to participate in the counseling program, sign the permission portion of this form and return it to your child’s teacher or Ms. Tardif as soon as possible.

**About the Program:**

A licensed counselor from Hope Haven Children’s Clinic and Family Center will meet with your child during regular school hours. Thanks to the generosity of a grant funded by Baptist Health, this service will be provided at no cost to you. Your child will participate in activities to help him/her develop new skills to cope with common problems of childhood. As needed, the counselor will work with your child’s teacher to practice these skills in the classroom setting. The counselor will be on campus only one morning each week, so sessions are brief and focused.

Common reasons children are referred to this program include anger management, difficulty making new friends, problems getting along with others, or coping with change. Group sessions may be recommended as well.

Counseling in an educational setting is short term in nature and solution-focused. If long-term counseling and/or services are needed that are outside the scope of practice of this counseling program, appropriate referrals will be made to private or community agencies.

Please contact Jennifer Tardif, School Counselor if you have any questions or concerns. 904-309-6840 Ext. 207.

Kevin Goolsby, LMHC

Hope Haven Children’s Clinic and Family Center

904-346-5100 Ext. 230

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian printed name) agree to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name) to participate in counseling activities for the current academic school year.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_