

Otsego Elementary School Counseling



Individual Counseling Information & Permission Form

Dear Parent/Guardian of _____:

As the School Counselor, I frequently meet with students on an individual basis. The purpose of these sessions is to provide individual help on issues the student is struggling with. The frequency of sessions depends both on the student and the nature of the issue being addressed. Sessions may range from checking in on a student occasionally, weekly or more often, to setting a regular appointment time for 10 - 15 minutes of the school day at a time when the student will not miss classroom instruction.

Students may ask to see the counselor, parents may make requests for their child to see the counselor, or teachers or administrators may request that the counselor meet with a child. When it is determined that it would be beneficial for a child to meet regularly for 4 or more sessions with the counselor, parent permission is requested. Your student might benefit from counseling on the topic(s) marked below:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Communication | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Dealing with feelings | <input type="checkbox"/> Grief & loss | <input type="checkbox"/> Self - Esteem |
| <input type="checkbox"/> Anxiety/Stress | <input type="checkbox"/> Divorce | <input type="checkbox"/> Home or family issue(s) | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Friendship/relationships | <input type="checkbox"/> Organization | <input type="checkbox"/> Social Skills |

Trust is an important part of the student/counselor relationship. That being said, individual counseling sessions that take place between students and counselor are confidential. This means that the information discussed in counseling sessions will not be disclosed without the consent of the student. The exception to this rule is if disclosure of information will protect the student or his or her peers from danger or harm. However, especially with elementary age students, I always encourage students to communicate with their parent(s) what we worked on and ask if they or I can disclose the information to the parent(s) and their teacher, because that just means there will be more people to help!

Please sign the attached permission slip if you give permission for your student to participate in individual counseling and return it to school. Please do not hesitate to contact me if you have any questions or concerns. I can be reached through e-mail, lmikesina@otsegoknights.org, or at (419) 823-4381 ext. 4010.

I look forward to working with your student!

Sincerely,

Miss Lianna Mikesina
School Counselor
Otsego Elementary School

Otsego Elementary School Counseling



Permission Slip

I, _____, give permission for my child, _____, to meet with the school counselor. I understand that trust is an important part of the student / counselor relationship and that information will only be shared with me if the safety of my child is a concern or if my child gives permission for information to be shared. I also understand that I may withdraw this permission at any time by sending written notice of my desire to stop counseling for my student.

Parent/Guardian Signature _____ Date _____

Further concerns I have that I would like to be discussed with my child or other information I would like the counselor to be aware of:
