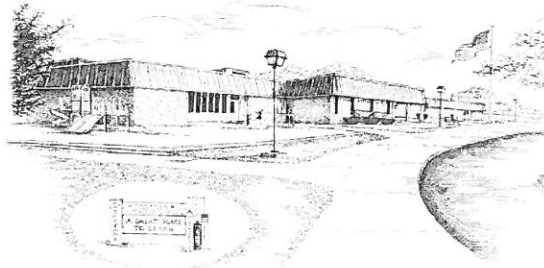


SHAWNEE ELMWOOD SCHOOL
PRIMARY BUILDING
4295 SHAWNEE ROAD
LIMA, OH 45806-2099
(419) 998-8090 Fax (419) 998-8110

Leigh Daily, Principal

Shannon O'Connor,
Guidance Counselor



James Kanable,
Superintendent

Consent for Counseling

Dear Parent,

Please sign and date below, and then circle “Yes” or “No” to indicate your choice as to allowing your child, _____, to participate in weekly individual and/or “play group” counseling activities. Counseling sessions would be no more than 15 minutes long; play-groups would be no more than 30 minutes long. These sessions take place at a time when children miss only *non*-instructional activities such as recess or pod-time (following lunch, a “break” used for silent reading or make-up work).

Because school counseling is based on a trusting relationship between counselor and student, some information may be kept confidential (rarely the case with grade levels K-2) except when there is an ethical responsibility to limit confidentiality such as in the following situations:

1. If the child reveals information about harm to self or another person
2. If the child reveals information about child abuse
3. If the counselor’s records are subpoenaed by the courts

I will provide feedback to the classroom teacher and to you whenever I believe it is helpful or necessary. If you have any questions, please call me—at 419-998-8079—and feel free to leave a detailed message if I cannot take your call at that time. Otherwise, please indicate your choice below and *then have your child deliver this signed letter to his/her teacher.*

Thank You,

Shannon O'Connor, Student Guidance Counselor

Parent/Guardian _____ Date _____ **Yes or No (circle choice)**

(If *No*, please use the space below to express any concerns, if you would like.)

Counseling Referral Form

Student _____

Grade/Teacher _____

Date of Referral _____

Reason for Referral:

- Behavior in classroom
- Behavior outside of classroom
- Classroom performance / Poor Attitude
- Family difficulties
- Problems with peers
- Self-concept
- Anger Management
- Other _____

Please give a brief explanation of the area(s) checked:

I have:

- Conferred with the student
- Telephoned the parents/guardians
- Met with the parents/guardians
- Discussed student at Think Tank
- Made parents/guardians aware of this referral
- Other _____

Signature of person making referral _____