

Parent Permission Form for Student Counseling

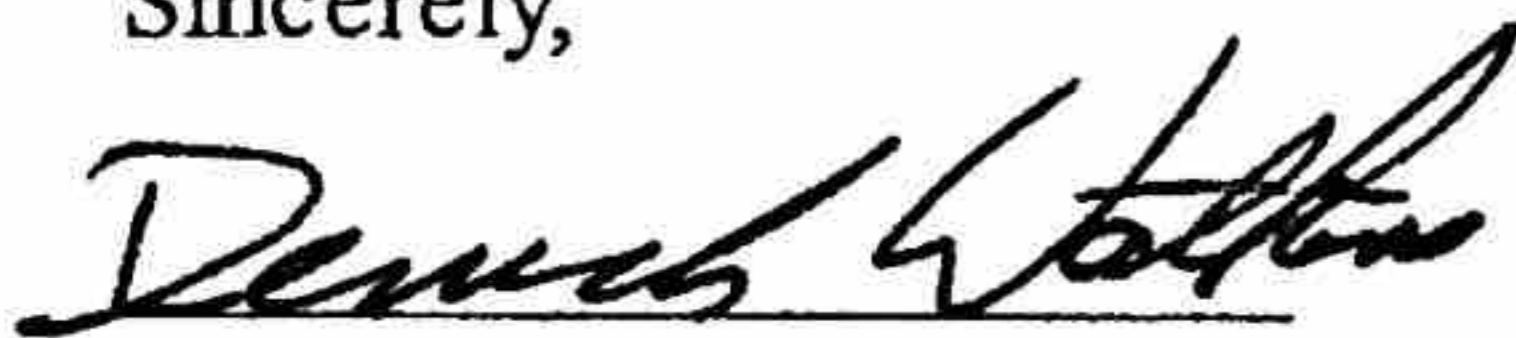
Chaboya Middle School has a program which provides counseling services to a select number of students to facilitate their academic and social success at school. These services are provided by family counselors in training. There is no charge for counseling to the parent or students. The counselor's work is under the direct supervision of Bich Nguyen-Hamilton, Marriage & Family Therapist and of Chelsea Bulik, Marriage and Family Therapist. Because your child's counselor is in training, periodically, s/he will need to audio/video tape their sessions with students. These tapes will be used for supervision purposes only and will be erased immediately thereafter.

Your child _____, has been selected as one who might benefit from these counseling services, and we are asking for your involvement and permission. On occasion, the counselor working with your child will want to meet with you to discuss any concerns and answer any questions you might have about the counseling services.

Additionally, we are informing you that some of these services are being reimbursed through Medi-Cal funds and a limited amount of information will be released to Medi-Cal to ensure payment for these services. We are fortunate to be able to make this opportunity available and are hopeful that you are willing to have your child participate.

If you have questions, please call Veronica Ayala (counselor in training) at Chaboya School : 408- 658 - 8763 . If you are willing to have your child participate, please sign below and return the form to the school office.

Sincerely,



Principal

I give permission to _____ School Staff to have my child _____, DOB _____, participate in the counseling program with the counselor in training. I also understand that limited information will be released to Medi-Cal. I am willing to participate along with my child as needed. I grant release to the school staff and the counselor in training to share information regarding my child as appropriate and necessary. I further understand that some counseling sessions may be recorded and I authorize such recording for supervision purposes only.

Name of Parent/Legal Guardian: _____

Signature of Parent/Guardian

Phone Number

Date