

Kalyn Gubler *Principal*
Greg Bozarth *Assistant Principal*



Tonya Jesienouski *Counselor*
Michael Young *Counselor*

LAVA RIDGE INTERMEDIATE

WARRIOR NATION

Date _____

Dear Parent or Guardian,

Your child, _____, has been referred, or has come in to request counseling services. We, and your child's teacher are very interested in their academic success at school. We would like to offer our support and assistance.

If you are interested in having your child receive these services, please sign and return this permission letter to the school. If you have any questions or concerns, please feel free to call us at 652-4742.

Sincerely,

Mrs. Jesienouski, Counselor
Mr. Young, Counselor

Parental Permission for Counseling Services

Counseling services available through Washington County Schools are as follows:

- Direct counseling to students – individual and group
- Teacher and Parent consultations
- Skills training – academic, communication, coping, self-management, social
- Classroom presentations, discussions and observations
- Drug and Alcohol prevention
- Guidance and career awareness and planning
- Resource and community agencies

I give permission for the above services and authorize my child's participation in the school's counseling and guidance program for the current school year.

Signature of Parent or Guardian

Date

Section 53A-13-301, Utah Code, requires a two-week waiting period before beginning counseling services. Please initial here if you would like to begin services as soon as possible, please initial to waive the two week waiting period. Initial _____ Date _____

WCSD School Counseling Referral

REASON FOR REFERRAL

- | | | | |
|--|---|---|---|
| <input type="radio"/> Absenteeism | <input type="radio"/> Drugs | <input type="radio"/> Hyperactivity | <input type="radio"/> Social Skills/Friends |
| <input type="radio"/> Adjustment | <input type="radio"/> Family Conflicts | <input type="radio"/> Inattentive | <input type="radio"/> Swearing |
| <input type="radio"/> Aggression | <input type="radio"/> Family Illness/Health | <input type="radio"/> Loss/Death | <input type="radio"/> Tardiness |
| <input type="radio"/> Anger | <input type="radio"/> Fears/Anxiety | <input type="radio"/> Motivation/Attitude | <input type="radio"/> Vandalism/Theft |
| <input type="radio"/> Bullying/Bullied | <input type="radio"/> Grades/Academics | <input type="radio"/> Peer Relations | <input type="radio"/> Withdrawn |
| <input type="radio"/> Depression | <input type="radio"/> Homeless | <input type="radio"/> Personal Hygiene | |
| <input type="radio"/> Divorce | <input type="radio"/> Honesty | <input type="radio"/> Self-Esteem | |

Details (be specific about your primary concerns)

Previous Interventions

Person Making Referral

- Student (self)
- Parent: Name & Contact _____
- Teacher: Name _____

Any other information that may help us assist your child:
