

GOREVILLE



CUSD #1

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Goreville Community Unit School District #1

Social Work Counseling Consent Form

Academic Year: 2020-2021

Student's Name (Please Print): _____

Grade: _____

(Please Print) Parent/Legal Guardian Name(s):

Our social work program will be facilitating confidential counseling services to students in need. The purpose of this program is to identify and help students who may be experiencing personal, school, or home issues.

Counseling sessions will be facilitated by Ms. Melanie Whittington. Sessions may be held in a group or individually based on the student's needs. The goals of these sessions will seek to help the student strengthen his/her social skills, self-regulation skills, and ability to be successful in and out of the school environment. Students may be referred by faculty, staff, parents, or make a self-referral.

Yes, I give my consent for counseling.

No, I do not give my consent for counseling.

Signature of Parent/Legal Guardian:

Relationship to student: _____

Date: _____



"HOME OF THE BLACKCATS"

