



Dear Parent/Guardian

Date: _____

Your child, _____, has been recommended for school counseling by _____ for concerns with _____.

School counseling provides social and emotional support for students through regular individual and/or group meetings. Oak Park Unified School District is pleased to be able to offer school counseling to our elementary students. You may contact our school counselor, Holly Baxter, by phone at 818-735-3200 x0234, or hbaxter@opusd.org.

I give permission for my child to participate in the counseling program and I understand the following:

- Meetings with the counselor will allow my child to discuss issues that may be affecting my child's learning and schoolwork.
- My student will meet with the counselor individually or in small groups throughout the school year in 20-40 minute sessions.
- My student's sessions with the counselor will be held in confidentiality by the school counselor. General information may be shared between the counselor and necessary school staff as needed to support my child's educational progress. Specific information shared by my child will only be shared as required by state law in cases of suspected abuse, neglect, or intent to harm.
- A copy of this permission will be placed in my child's cumulative file and "Counseling Services" will be listed as services provided.
- I may revoke this permission at any time by contacting the school counselor by phone or email.
- I confirm that I have full authority to make legal and educational decisions for my child's per any custodial or court orders which may be in effect.

Signature	Relationship	Date	Email
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Copied to cumulative file