

Rock River Intermediate School - Passive Parental Permission

Counseling Department

Kurt Miller – Grades 4,5,6

Erica Harbath – Grades 2,3,4

Trinity Winkers – Family Advocate

Our counseling department has many opportunities for students to work on social and emotional needs along with academic needs with counselors and other students. With counseling **groups, individual counseling, mentor/mentee opportunities and many other interventions** that are recommended by teachers, administration, parents and counselors, we are trying to service your children with care that will enhance or guide students to better mental and emotional health.

Your child may be recommended and become a member of one of these interventions throughout the school year when we find it necessary to intervene in your child's difficulties to help them cope with and thrive better in the school environment.

When the students meet in a therapeutic counseling setting, confidentiality will be emphasized among the students and faculty that may be involved.

Please read the section below. **If you do NOT want your child to take part in these programs, or would like to be informed of the programs they are recommended for, check the box, sign and date the form and return the form to Mr. Miller or Mrs. Harbath by 9/30/2015.** Signing and returning this form will dismiss your child from counseling interventions (other than routine counseling). If you have no objections to your child taking part in any of the counseling programs that are recommended for them, you should do nothing with this form. Thank you.

Child's name: _____ Grade: _____

I have read this form and understand it.

() My child may **NOT** take part in any of the counseling interventions other than routine counseling that may take place.

Parent's Signature: _____ Date: _____

Phone Number: _____