

Nauvoo - Colusa Community Unit School District # 325

Board of Education

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Nauvoo, IL 62354



Superintendent
Dr. Kent H. Young

Principal
Chad Cox
866-453-2600
District Fax
217-980-8013

PARENT/GUARDIAN CONSENT FOR COUNSELING

_____ is/was being referred for school counseling services.
(PRINT Student First/Last Name)

I, _____, will allow my child to see the School Social Worker when it is
(PRINT Parent/Guardian First/Last Name)

deemed appropriate. This consent is good for the 2022-23 school year.

I understand that this consent may include individual sessions, classroom observation, collection of behavioral data, teacher consultation and group activities.

It is my understanding that if my child reports that he/she may harm themselves, harm someone else, or someone is harming them it will be reported to the parent and could be reported to DCFS, police or other agencies as necessary.

If I have questions I will contact Lanie Hultgren lhultgren@wcisec.org, or Brooke Beckner bbeckner@wcisec.org, and/or call the school. Mrs. Hultgren is at school on Mondays & Thursdays and Mrs. Beckner is at the school on Wednesdays. Please sign, date, and return this document to the school if you give consent for counseling services. Thank you.

Parent/Guardian's Signature

Date