



Counseling Services Consent Form

Student Name: _____

Teacher: _____ Grade: _____

The Laveen Elementary School District is offering students the opportunity to participate in a variety of skill building programs. These programs are designed to help your child improve his/her self-esteem while learning the skills of problem solving, decision-making, conflict resolution and respectful communication.

For some students, participation in this program may take the form of individual or group counseling. For others, participation may be in the form of leadership groups, classroom presentations, special projects, skills building workshops and friendship building groups.

In short, the program is designed to develop and build assets in youth.

Students may select to be in the program or they may be selected for the program based on input from the school staff, teachers, and/or family members. The program is educational and often fun for the students.

By signing this form, I agree to the following:

- My child has permission to participate in the program.
- I may request meetings with the school counselor to share any of my concerns.
- I understand that any records regarding my child's participation in this program will be kept confidential and separate from other school records.

Parent Signature: _____ Date: _____

Parent Name Printed: _____ Day Phone: _____

If you have any questions please call or email Mrs. Hansen-Quine, the Roger Ranch School Counselor at **(602) 304-2030 extension 3708** or email at **MHansenQuine@Laveeneld.org**.