Counseling Letter of Permission

Cedar Middle School

Dear Parent or Guardian:

From time to time, students at Cedar Middle School request to visit the counselor regarding school issues or issues of a more personal nature. Typical problems include not getting along with teachers; not getting along with friends; and sometimes problems relative to the family. During the course of these visits, students may discuss their personal views and experiences as appropriate. The counselor will typically assist the students in identifying problem-solving options. Please be aware that if a student reveals information that would indicate involvement in an activity that would put him/her at risk of serious harm, the counselor will notify the parents as quickly as possible.

Please understand that under the law your child can visit with the counselor at CMS one time without parental consent. However, all subsequent visits with the counselor must be with your signed consent. The Family Educational Rights and Privacy Act (Section 53A-13-302, Utah Code) provides that parents must be notified at least two weeks prior to a school activity or discussion which is intended to cause a student to reveal private information.

In the event that your student would like to visit with the counselor at some point in the school year, it is requested that you sign where designated below to indicate that you give your permission.

If you have any questions or concerns about the Cedar Middle School counseling program, please feel free to call at 586-2810.

I give permission for my child

* to visit on an as needed basis
* and/or participate in a small group with counselors at CMS.

Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature of parent/guardian) (date)