Weber School District PERMISSION TO PROVIDE INDIVIDUAL/GROUP THERAPY

Date _	
Dear F	Parent:
	At we offer a broad range of supportive services to students. We would like
to offe	er your child,, the opportunity to participate in some supportive
therap	by while at school. A therapist is willing to meet with your child to help address some issues. The issues the
therap	ist plans to discuss are:
	The therapist may use printed material to help with the discussions. If you would like to review this material, it is
availal	ble. You may also review any education records of your student created from this therapy.
	Meetings with the therapist will take place during school hours for approximatelysessions and for about
	minutes each time. We need your permission to meet with your child to discuss the above issues. Please note
that	t the therapist will assess and provide therapy, but does not diagnose. Please sign this letter of permission so the
therap	pist can provide this service.
	The following services are proposed: Group Therapy Monitor Behavior Individual Therapy Assess Behavior
Thank	as for taking the time to consider this request to serve your
child.	Sincerely,
3.5	
Menta	al Health Specialist
	My child has permission to participate in supportive counseling this school year. I waive the Utah State Law, Sec
	53E-9-203, which provides that parents are notified at least two weeks prior to the child participating in the supportive counseling.
e	
Just On	Parent/Guardian Signature Date
	My child has permission to participate in supportive counseling this school year, but I do not waive the two-week notification. I will contact the school counselor to review the material within the two-week period.
ign	
Select & Sign Just One	Parent/Guardian Signature Date
	I do not authorize participation of my child in this supportive counseling.
	Parent/Guardian Signature Date