Weber School District PERMISSION TO PROVIDE INDIVIDUAL/GROUP COUNSELING

Date_		
Dear 1	Parent:	
couns	er your child,	ffer a broad range of supportive services to students. We would like, the opportunity to participate in some supportive meet with your child to help address some issues. The issues the
is ava	The counselor may use printed material to hely	p with the discussions. If you would like to review this material, it rds of your student created from this counseling.
letter	minutes each time. We need your permission of permission so the counselor can provide this so The following services are proposed: Group of the following services are proposed: Group of the following services are proposed:	up Counseling
	School Counselor	
)ne		e counseling this school year. I waive the Utah State Law, Sec at least two weeks prior to the child participating in the supportive consent via authorized electronic signature Date
Select & Sign Just One	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 periodBy typing my signature below, I give consent via authorized electronic signature	
Select &	Parent/Guardian Signature Date I do not authorize participation of my child in this supportive counseling. (By typing my signature below, I give consent to use my signature via authorized electronic signature)	
	Parent/Guardian Signature	Date