



Parent Consent Form

I _____ parent of _____ Form _____

hereby give permission for my child to see the counselor at school and / or be referred to external services for further assistance through Social emotional or Psycho educational evaluation. Please indicate your choice by choosing the options below.

- ☐ Counseling sessions at school. To support the social emotional, psychological needs and to further facilitate student's academic success.
- ☐ Psychologists at Dr. J. Enterprises for Psycho educational evaluation. To identify your child's personal strengths and weaknesses, to determine appropriate diagnosis depending on the results, to provide parents and school with suggestions regarding the student's functioning and to provide recommendations that will contribute to the students individualized plan.
- ☐ Mental Health Foundation. For further indebt Psychological counseling/psychiatric intervention.
- ☐ Turning Point for further assessment and substance abuse counseling.

Signature of Parent / Guardian

Date

Thank you for your cooperation.