*Parental Consent for Small Group Guidance Sessions*

PARENTAL CONSENT FOR

SMALL GROUP GUIDANCE SESSIONS

In Metro Nashville Public Schools (MNPS) we strive to offer a comprehensive counseling program to all students and families. As part of this comprehensive program MNPS offers small group counseling to students for things including but not limited to social skills, study skills, grief, bullying, college and career preparation, etc. Your student has been selected to participate in a small counseling group at his/her school. If you decline permission for small group participation, your student will still receive other counseling services as needed. Please complete the section below and have your child return it to the School Counseling and Guidance Department. If you have any questions, you may contact the school counselor, Miss Adams at 217-502-0123. Thank You!

I agree to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in small group counseling

(Student Name)

sessions with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(School Counselor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor Signature Date