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**Diamond Valley Elementary School**

1411 West Diamond Valley Drive  St. George, UT 84770

Dear Parent/Guardian,

Your child has recently been referred for counseling services. I am very interested in your child’s academic, social, and personal success here at school. As the elementary school counselor, I would like to offer my support and assistance.

If you are interested in having your child receive counseling services, please sign and return this permission slip to the school. If you have any questions or concerns, please feel free to contact me.

Phone: **(435) 574-2009 ext. 310**

E-mail address: **michele.davignon@washk12.org**

Warmly,

Michele D’Avignon

Michele D’Avignon

Diamond Valley Elementary School Counselor

**PARENTAL PERMISSION FOR COUNSELING SERVICES**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The counseling services available through Washington County Elementary Schools are:

• Direct counseling to student (individual and group)

• Teacher and parent consultation

• Skills training (academic, communication, coping, self-management, social)

• Classroom presentations, discussions, and observations

• Resource to community agencies

**I give permission for the services listed above and authorize my child’s participation in the school’s counseling and guidance program for the school year.**

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*Parent/Guardian Signature to authorize counseling services Date*

**Utah State Law requires a two-week waiting period before beginning counseling services. If you would like to begin these services as soon as possible, please sign below to waive the two-week notification period.**

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*Parent/Guardian Signature to waive two-week notification Date*