For Office Use Only:

Group: _____

Time: _____

Start Date: _____

STUDENT INFORMATION & PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN A COUNSELING SMALL GROUP AT ACES

(Information provided will be kept confidential)

1. Child's Name _____
2. Child's Teacher _____ Grade_____
3. Parent's Name(s) _____
4. Names/ages of siblings _____
5. Daytime Phone _____ Evening Phone _____
6. Group(s) you would like your child to participate in:

   1st choice _____

   2nd choice _____
7. What would you like your child to gain by participating in this group? What is your goal for him/her? (*Use the back of the sheet if needed*)

   _____

   _____
8. Are there any special circumstances that are taking place, or that have taken place, in your child's life that you would like me to be aware of when I am working with him/her? If so, please explain below. (*Use the back of the sheet if needed*)

   _____

   _____
9. Any other information about your child that you feel would assist me in working with him/her.

   _____

   _____

I give my son/daughter permission to participate in a counseling group at Amelia County Elementary.

_____ _____/_____/_____

Parent Signature Date