



<u>For Office Use Only:</u>
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:
  - 1<sup>st</sup> choice \_\_\_\_\_
  - 2<sup>nd</sup> 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