

School Counseling Programs

Warren County offers School Counseling Programs in all our schools. Our goal is to assist our students to be academically and socially successful in school. We would like you to know about the services that are available for your child and for you. At the elementary level (grades K-5) the following services are available:

- Individual Counseling: for academic, career, and social concerns.
Group Counseling: focused in a specific area of need; there is always separate parental permission for this counseling service.
Classroom Lessons/activities: with a focus on prevention of problems, the counselor is in each classroom five to ten times a year for half-hour sessions on topics such as careers, anger management, peer relations, friendships, conflict management, decision making, and study skills. Parents may review any of the materials used by contacting the counselor.

The following services are available at the secondary level (grades 6-12):

- Academic Counseling: Assists students and their parents to acquire knowledge of the curricula choices available to students, to plan a program of studies and monitor progress, to arrange and interpret academic testing and to seek post-secondary academic opportunities.
Career Counseling: Helps students acquire information and plan action about work, jobs, apprenticeships, post-secondary education, and career opportunities.
Personal/Social Counseling: Assists student to develop an understanding of self, the rights and needs of others, how to resolve conflict and to define individual goals reflecting their interests, abilities, and aptitudes. Counseling may be provided either (i) in groups, in which generic issues of social development are addressed, or (ii) through structured individual or small group counseling sessions focused on the specific concerns of the participant(s) (e.g., divorce, abuse, or aggressive behavior).

If you **DO WANT** your child to receive counseling services and be part of classroom guidance, **please keep this form at home,**

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If you **DO NOT WANT** your child to receive counseling services at school, please sign below and return this form to your child's teacher.

_____ My child **MAY NOT** participate in the guidance and counseling program during the current school year.

Child's name _____ School Year _____

Child's homeroom/first period teacher _____ Grade _____

Signature of Parent _____ Phone _____ Date _____