

2023-2024 Parent Authorization for Counseling Services

Grade Level: _____

Student Name:

Dear Parent/Guardian,	
Guardian Catholic School has been provided a PK-8 th grastudent's school district through Catapult Learning. Studereceive academic, behavioral, and/or mental health service. This document is to obtain approval for interaction with	ents at Guardian Catholic are eligible to ces or referrals under EANS funding.
The staff at Guardian Catholic School strive to provide the Counseling will be focused on assisting your child in ach addressing their organizational, behavioral, social, emotion be referred to counseling by Guardian staff, parents/guardian request. Should your child be referred, an evaluation will counseling services are necessary. Signing this form does a need for services, but ensures that your child may particle.	nieving optimal academic performance onal, or academic needs. Students can dians, or if they make a personal be completed to determine if s not guarantee that your child will have
Confidentiality. Information provided in confidence to a considered privileged information. Exceptions to this are child is threatening to harm another, or if the child gives	made if a child's safety is at risk, if the
Sincerely,	
Guardian Counseling Team	
□ I,, consent for my child to	o receive services indicated above.
□ I,, do NOT consent for m	y child to receive services.
Signature of Parent/Guardian Date	e Relationship to Child