



CONFIDENTIAL SCHOOL COUNSELING CONSENT FORM

Dear Parent/Guardian:

Twin Rivers Unified School Counseling program is designed to support the individual needs of students' academic, social, and emotional well-being. The primary purpose is to further support their educational and personal growth. Your child, \_\_\_\_\_ has been invited to participate in regular scheduled Individual and/or Group School Counseling services with Mr. Louis, the School Counselor at Kohler Elementary. The sessions meet during the school day and vary in duration depending on the specific group and/or individual needs of students.

It is our hope that these services will further support your child's success. These services are provided by a Professional School Counselor, School Social Worker, and/or supervised School Counselor/Social Worker Intern.

If you have any questions and/or would like more information, please contact me at Telephone : (916) 566-1850 ext:22424 or Email: [louis.v.gonzalez@trusd.net](mailto:louis.v.gonzalez@trusd.net).

Respectfully,  
Mr. Louis Gonzalez  
Kohler PK-8 School Counselor

.....Please check the appropriate box, sign where indicated, and return as soon as possible.

School Counseling Permission Form

\_\_\_ YES, I give permission for my child to participate in individual/group School Counseling Services.

\_\_\_ NO, I do not I give permission for my child to participate in individual/group School Counseling Services.

Child's Name \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Teacher \_\_\_\_\_ Room No \_\_\_\_\_

\* Please note that Counseling services are confidential. In order to build a trusting relationship with the child, the school counselor will keep information confidential with some possible exceptions. The counselor is required by law to break confidentiality for the following: Evidence or disclosure of abuse or neglect, presenting a danger to self or others. I understand that the counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better support the child as a team.



CONFIDENTIAL SCHOOL COUNSELOR REFERRAL FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Ph. (\_\_\_\_) \_\_\_\_\_ Work Ph. (\_\_\_\_) \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Referred by: \_\_\_ Teacher \_\_\_ Parent \_\_\_ Self \_\_\_ Other \_\_\_\_\_

Student lives with: \_\_\_\_\_

Reason(s) for Referral \_\_\_\_\_

Please check all that apply for the student: [ ] Chronic Absenteeism [ ] Special Education [ ] Foster Youth Challenges/Concerns related to: (Please check all that apply.)

[ ] Change in behavior [ ] Fears [ ] Nervous/Anxious/Worries [ ] Taking things/Stealing

[ ] Perfectionist [ ] Easily distracted [ ] Self-image/confidence [ ] Motivation

[ ] Grief/Loss [ ] Sadness [ ] Withdrawn [ ] Self harm

[ ] Anger/Aggression [ ] Fighting [ ] Swearing/Name calling [ ] Defiant (refuse to do tasks)

[ ] Bullying [ ] Lying [ ] Disrespectful [ ] Impulsive

[ ] Peer Relationships [ ] Social Skills [ ] Chews (paper/clothes/hair) [ ] Makes Sounds

[ ] Personal Hygiene [ ] Always tired [ ] Personal Boundaries [ ] Family Concerns

[ ] Sexual Acting Out [ ] Highly Sensitive [ ] Destruction of Property [ ] Inattentive

[ ] Study Skills [ ] Attendance [ ] Tardies/Lates [ ] Other \_\_\_\_\_

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