



Board of Education

President Ann Marie Horner, **Vice President** Blaik Baird, **Board Members** Tom Hansen, Mark Davis,
Superintendent of Schools Paul Sweat **Business Administrator** Keith Johansen

Date: _____

LETTER OF PERMISSION FOR COUNSELING SESSIONS

The counseling staff of Wasatch County School District strives to help all children feel a part of our learning community. Occasionally, we find that students can benefit from counseling services. Your child, _____, has been referred to receive such services.

We may talk about the following subjects in the course of our discussion or counseling session(s): crisis intervention, ideas, feelings, behaviors, attitudes, social skills, and problem solving skills.

During the course of our discussion(s), students may discuss their personal views and experiences as appropriate.

Information disclosed from counseling discussions/sessions is strictly confidential unless not disclosing such information would be harmful to the student or others.

Please note that school counseling interventions are provided to help your child succeed in the school setting. School counseling should not replace professional counseling/therapy for non-school issues.

Please understand that under the law, your child cannot participate in the counseling discussions unless and until this signed letter of permission is returned to me.

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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

Section 53A-13-302, Utah Code, provides that parents must be notified at least two weeks prior to a school activity or planned discussion which is intended to cause a student to reveal private feelings or information.

I give permission for my child, _____, to participate in the anticipated discussion(s) as described above and waive the two week notification requirement.

Parent Signature

Date