



1215 N. Lava Flow Dr. St. George, Ut 84770 | Office: 435.674.6474 | www.scmiddle.org

Principal: Jerrod Dastrup

Email: jerrod.dastrup@washk12.org

Vice Principal: Stephen Ord

Email: stephen.ord@washk12.org

Date _____ Student Name _____

Dear Parent or Guardian,

Your child has been referred or has come in to request counseling services. We are very interested in their academic & social-emotional success at school. We would like to offer our support and assistance. If you are interested in having your child receive these services, please sign and return this permission letter to the school. There is an optional form on the reverse side for you to give additional information. If you have any questions or concerns, please feel free to call us at 435-674-6474

Sincerely,

Mrs. Neumann, Counselor

Mrs. Morgan, Counselor

Mr. Stephens, Counselor

Parental Permission for Counseling Services

Counseling services are available through Washington County Schools are as follows:

- Direct counseling to students – individual and group
- Teacher and Parent consultations
- Skills training – academic, communication, coping, self-management, social
- Classroom presentations, discussions and observations
- Suicide prevention
- Drug and Alcohol prevention
- Guidance and career awareness and planning
- Referrals to community resources & agencies
- Curriculum Delivery Areas: Life & Career Development, Academic Learning Development, Social & Emotional Development, Multicultural & Global Citizenship Development

The following topics require parental consent and by signing below parents acknowledge that students may bring up these topics unsolicited by the counselor. While counselors strive to keep student interactions confidential, parents will always be notified if the counselor determines that the student is in a dangerous situation (harm to self or harm to others).

(Utah FERPA Utah Code 53A-13-301)

- political affiliations and philosophies
- mental or psychological problems
- sexual behavior, orientation, or attitudes
- illegal, antisocial, self-incriminating, or demeaning behavior
- critical appraisals of close family members
- religious affiliations or beliefs
- legally recognized privileged relationships
- Gender Identity

I give permission for the above services and authorize my child's participation in the school counseling and guidance program for the current school year.

Signature of Parent or Guardian

Date



Our Purpose — Ensuring high levels of learning for all students.

Our Mission — Ensuring our students acquire Academic and Social skills for life-long success.