



PERMISSION FOR SCHOOL COUSELING

I authorize Elsa I. Figueroa, School Counselor of St. Theresa School, to provide individual/small group school counseling to _____.
(circle one) (student's name)

I understand that the School Counselor is not a therapist and that these sessions do not constitute psychological therapy.

Comments: _____

Student signature (middle school): _____

Parent/Guardian signature: _____

Parent/Guardian name (print): _____

Date: _____