Dumas ISD
Permission for Counseling

Cactus	Green Acres	Hillcrest	Intermediate	Morningside	Sunset
966-5102	935-4157	935-5629	935-6474	935-4153	935-2127

Dear Parents,

Your Child _____

_____ has requested to see the counselor

_____ has been referred to see the counselor

School counseling is designed to address temporary issues and/or situations that affect school children with the average number of sessions being 3 – 6 times a year. You may arrange a conference to discuss any questions or concerns you may have. You can at any time request your child be released from the program. If your child is already receiving professional counseling outside of the school, please let me know.

Sincerely,

Tonie Crawford,
Elementary Counselor

_____ Grade/Teacher_____

_____ Yes, my child has permission to visit with the counselor.

_____ No, my child does not have permission to visit with the counselor.

I would like to send a message to parents/caregivers that I met with your child. No details of the meeting just a notification that we met. You are welcome to contact me if there are any concerns you have.

Parent's/Caregiver's email & Cellphone #_____

_____

Parent Signature Date

_____

Principal's Signature Date