

PARENTAL CONSENT - COUNSELING

School: _____ School Year: 2019-2020

Student _____ Date of Birth: _____

Grade _____ Classroom Teacher _____

Your child has been identified as eligible to receive federally-funded supplemental services which are offered at your child's private nonprofit school in accordance with Title I, Part A and/or Title IV, Part A of the Every Student Succeeds Act (ESSA). The service suggested for your child is **individual/group school counseling**. Counseling services are provided through Catapult Learning by professional personnel with a legitimate educational interest in your child. Houston ISD has contracted with Catapult Learning to provide these services.

The counselor will assist the student to recognize and address problems that interfere with his/her best possible school performance. Your written permission is required to begin services. By giving your permission, you are also allowing the professional staff to review information in your child's school file in order to be well-informed and to provide the best possible service to your child. You have the right to examine, obtain copies of, and file objections to reports written by Catapult Learning professionals.

If you wish counseling services to be provided, please complete this form and return it to the school. If you have any questions or concerns, please contact your school principal.

I **GIVE** permission for my child to receive counseling services through Catapult Learning.

Signature of Parent or Guardian _____ Date

Address _____
Number Street

City State Zip Code

Phone _____

OR

I **DO NOT GIVE** permission for my child to receive counseling services through Catapult Learning.

Signature of Parent or Guardian _____ Date