Sarah Smith School Counseling Parent Referral

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Parent's Name:	Child's Teacher:	Date:					
Is your child currently workin environment? Yes No		fessional outside of the school					
I am referring my child for individual or group counseling for the following issues:							
attention issues ADD/ADH	□sad/unhappy/ depressed						
□anger management	□friendship/bullying	□self-control					
Dargumentative	□grief/loss	□ self-esteem/self confidence					
Danxious	Dperfectionism	□social skills					
divorce	disorganization	Dother					

Briefly explain your concerns and provide examples of any observed behaviors:

By signing this form, I am allowing my child to participate in individual or group counseling sessions with the school counselor, LaTonia McDaniels. I hereby acknowledge that I am the legal guardian of the below named minor child. I understand that while counseling is generally confidential, where there is risk of harm to self or others, abuse, or other legal requirements, the counselor may be required to release information to protect clients or others. I understand that in order to provide service in accord with the highest ethical and legal guidelines and to insure the highest quality of service, the above information complies with state law, federal privacy acts, and professional ethical standards.

Name of Minor Child

Parent/ Guardian Signature & Date Parent/ Guardian Best Phone Number

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