

SCHOOL REFERRAL FOR COUNSELING SERVICES

The student: _____ (enter youth name)
born on ____ / ____ / ____ (enter DOB), who is in the ____ (grade) is being
referred to the school counseling services program. The parent(s) are:
____ (enter parent names), who
reside at: _____ (enter address)
____ (city) _____ (state) _____ (zip)
can be reached at: _____ (enter phone1) or _____ (enter phone2).

This referral is being made by:

- Teacher _____ (enter name)
- Principal _____ (enter name)
- ESE Office _____ (enter name)
- Guidance _____ (enter name)
- SRO _____ (enter name)
- Parent _____ (enter name)

The student **is** or **is not** an ESE student.

Attached to this referral is the permission slip that has been signed by the parent/guardian. By this referral the school is asking the counselor(s), with parental consent, to interview the student as soon as possible. This referral is being made due to:

- Academic Performance
- Classroom Behavior
- Loss (death, divorce)
- Mood (Angry, Sad, Other)
- Non-Compliance
- Poor Concentration / Off Task
- Sexual Acting Out
- Social / Peer Relations
- Suicidal Ideation
- Other:

Comments:

School Signature: _____ Date: ____ / ____ / ____

Form Instructions: Type this form and the information for the attached permission slip will automatically populate. Click the buttons at the bottom of the page for ease of use. The permission slip must be signed and by the guardian(s). Both the school referral and the permission slip must be given to the onsite counselor, BEFORE services can begin. The counselor will contact the guardians and the student to begin the intake interview. **Keep this referral and the permission slip information confidential.** The counselor(s) for this school year will be: the practice of Kurt LaRose, MSW LCSW and his onsite assignee, Paul Peavy LMHC.

School Counseling Services Office & Contact Information

220 John Knox Rd., Ste. 4a, Tallahassee, FL 32303

Email: Kurt@TalkifUwant.com

Web: www.TalkifUwant.com/school_a.htm

Phone: 850.545.2886

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PARENT PERMISSION SLIP FOR SCHOOL COUNSELING SERVICES

Dear Parent / Guardian,

Your child, _____, who is in the _____ grade, has been referred to the school counseling program. The counseling program occurs during regular school hours. Your child will be seen in a group or in an individual session each week and participate in a number of activities related to counseling if you give permission. Counseling session information is confidential (except in cases of safety related concerns). If you agree to allow your child to participate in the counseling program at school, please complete this form, print your name and sign. Return the form to school as soon as possible. There are only a certain number of children who can be served each week.

I, _____ (parent / guardian printed name) agree to allow my child _____ (child's full name) born on ____ / ____ / ____ (DOB) to participate in weekly counseling sessions for the current academic school year.

I understand that my child's protected health information will be stored/entered/maintained in a HIPPA compliant, digitally encrypted and secure server. I acknowledge that ONLY the onsite counselor (and the private practice of Kurt LaRose MSW LCSW) will have access to my child's health information - unless I give my written consent for the information to be shared with others. The school (and anyone else for that matter) will not have access to private health information without my written consent. The school and the school district will be notified of weekly attendance at each session, to monitor youth participation and to administer the necessary space for counseling services; session information will not otherwise be shared (unless my consent is given and except in certain cases of safety where the law may require the information to be released).

Parent/Guardian Sign: _____ Date Signed: ____ / ____ / ____
Address: _____
Phonel: _____ Phone2: _____ Other: _____

Note: THIS FORM MUST BE RETURNED TO THE SCHOOL IN ORDER FOR THE ONSITE COUNSELOR TO BEGIN SEEING YOUR CHILD. SPACE IS LIMITED, SO PLEASE BE AWARE THAT A REFERRAL AND YOUR PERMISSION SLIP MAY NOT NECESSARILY ENSURE THAT YOUR CHILD CAN BE SEEN. THE COUNSELOR WILL ATTEMPT TO REACH YOU (OR WILL LEAVE A VOICEMAIL FOR YOU IF POSSIBLE) AT THE PHONE NUMBERS LISTED.

Should you need to speak to the counselor, you may contact the school and leave a message asking for a return phone call. The counselor(s) who will be working with your child (provided you give your permission) is/are: the practice of Kurt LaRose MSW LCSW and his assignee, Paul Peavy LMHC.

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Send my child to a counselor?

It's not uncommon for parents who are considering counseling for their children to have questions. Asking the questions is a good idea; you should know what you're getting your child into and you should have enough information to make an informed decision. Listed below are several "common concerns" that are expressed by parents/guardians and some "other thoughts" that might be helpful in your decision.

COMMON CONCERNS...

- People will think my child is "crazy."
- Everyone will make fun of my child when they find out there's a counselor.
- Our problems are no else's business.
- We can solve our own problems.
- I must be a bad parent if my kid needs counseling.
- Anyone who thinks my child needs counseling, must have a problem about themselves.
- Once you start counseling, you never stop.

OTHER THOUGHTS ...

- Most children who go to a school counselor will not be diagnosed with any kind of mental disorder. Still, children face problems that require the help of a trained professional.
- Confidentiality ensures that only authorized people will know about counseling. Unless you tell someone they will not know.
- Problems exist in *every family*; most need some kind of help in solving them.
- This is often very true. Counseling will help your child learn out how to solve many problems.
- Parenting is not always the problem. Children have struggles at home, but they can also have struggles in school.
- It is the intention of the school to help your child be successful in the classroom. Referrals to counseling are solving problems that appear at school.
- Counseling will be provided during the school year, and only as long as you believe it is necessary. If your child does not want to participate in counseling, we will not require it – it really is your (and your child's) choice.

I hope that your concerns have been addressed, but if not, please call the school and ask them to have the onsite counselor contact you. Be aware that counseling is only offered one day per week and that space is limited. If you want your child to be seen, please return the permission slip (included with this page) as quickly as possible.

My hope is that counseling will assist your child in many areas: academic, behavior, and social skills. Feel free to contact me at any time.



Kurt LaRose, MSW, LCSW
Counselor, Therapist & Program Administrator

220 John Knox Road, Ste. 4A
Tallahassee FL 32303
850.545.2886

FLORIDA Lic. SW #9297

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