



**North Davis Preparatory Academy
Permission to Provide Counseling Services**

Dear Parent,

At North Davis Preparatory Academy we are able to offer supportive services to our students. We would like to offer your child, _____, the opportunity to participate in some supportive counseling while at school. Our Counselor is willing to meet with your child to help address some issues. The issues the counselor plans to discuss are:

Meetings with the counselor will take place during school hours for approximately _____ sessions and for about _____ minutes each time. We need your permission to meet with your child to discuss the above issues. Please select one of the options below and sign this letter of permission so the counselor can provide this service.

Information gathered from a counseling session may be shared with the administrator or other school personnel only on a need-to-know basis. State law requires that information suggestive of child abuse must be reported to the appropriate governmental agency.

If you desire further information about our counseling services or your child's participation in the services, or if you have any questions or concerns, please contact the school counselor.

Thank you for taking the time to consider this request to serve your child.

Sincerely,

Tonya Andiarena, *School Counselor*
(801) 336-3601, tandiarena@northdavisprep.org

Select one of the following options then sign & date:

My child has permission to participate in supportive counseling this school year. I waive the Utah State Law, Sec 53A-13-302, which provides that parents are notified at least two weeks prior to the child participating in the supportive counseling.

My child has permission to participate in supportive counseling this school year, but I do not waive the two-week notification. I will contact the school counselor to review the material within the two-week period.

I do not authorize participation of my child in this supportive counseling.

Parent/Guardian Signature

Date