

# MIDDLE SCHOOL COUNSELING PERMISSION FORM

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## Comprehensive Middle School Counseling Program Information

Dear Walden Families,

The Comprehensive School Counseling Program at Walden School of Liberal Arts includes a variety of services offered to support our middle school students. Individual guidance, and small group activities, as well as lessons throughout the year all combine to foster student safety, development and individual progression. These services may be provided by a school counselor, school social worker or school therapist.

The counseling program is designed to support all students in the following categories:

- Encourage students to express and understand their emotions
- Discover and implement problem-solving strategies
- Identify support systems and resources on and off-campus
- Preparation for college and exploration of post-secondary options
- Career planning and development of professional skills

For the following categories of program delivery, there are separate and specific permissions for student participation. Families or students may opt-out of any topic that raises issues of discomfort, religious or spiritual conflict, or parental preference. To opt-out, please send a written request detailing which of the following you do not want your student to participate in.

- Suicide Education and Prevention
- Healthy Interpersonal Relationships
- Coping Skills Development Workshop

Please keep this information page for your records.

## Comprehensive School Counseling Program Permissions:

I \_\_\_\_\_ give permission for my student,  
(printed Parent/Guardian name)

\_\_\_\_\_ to participate in the following offerings of the Walden  
(printed Student Name)

Middle School Comprehensive School Counseling Program may include:

- Individual Guidance
- Group Guidance
- Workshops (college, career, diversity, life skills)

### Additional Permissions: (by signing I give permission)

- Suicide Education and Prevention
- Healthy Interpersonal Relationships
- Coping Skills Development workshop
- None, opt-out of Special Offerings

In giving permission for participation, I also acknowledge that both Individual and Group guidance options are entirely confidential and that the School Counselor will only ethically disclose information from these sessions to parents or guardians under the following conditions: 1) Student has plans to harm someone 2) Student has plans to harm self, or 3) Student is being harmed by someone else.

Signed,

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian Signature)