



Counseling Services

Dear Families,

Your child has the opportunity to participate in the school counselor program at Loyal Heights!

Brief Individual Counseling

If you are interested in your child receiving brief individual counseling services on an as-needed basis, please complete the consent form below. If you would like your child to participate in brief individual counseling on a regular “check-in” basis, please complete the form and circle “YES”, and we will schedule services with your child’s teacher to accommodate classroom expectations and lessons with minimal disruption.

Small Group Counseling

Your child also has the opportunity to participate in small group counseling. A small group typically consists of five or more students that meet once a week in my office for thirty minutes for eight weeks. This schedule may vary based on student and classroom need. Some of the skill-based topics include friendship, problem-solving, social skills, emotion management, communication, assertiveness, self-esteem, self-confidence, school success, etc. Some of the resources used for groups in all grade levels are RULER, Creative Small Groups, Positive Visualizations, etc.

Best Regards,

Brittney Rider
School Counselor
206-252-5949
bm rider@seattleschools.org

LHE Counseling Consent Form

In order for your child to participate in a small group or receive brief individual counseling, please sign and return this form to the classroom teacher or the school counselor.

As the parent/guardian of _____, I give my permission for the school counselor at Loyal Heights Elementary School to provide counseling services to my child during the school year.

I understand that records kept by the school counselor will be available to me and will be released elsewhere only with my written consent unless where required by law. I further understand that I can withdraw my child’s participation at any time. This consent is valid only for the current school year.

Signature

Relationship to student

Date

Phone number/email

Student’s teacher/grade level

Brief Individual Counseling

Would you like your child to receive individual counseling services on an as-need, “check-in” basis? Yes No