

## School Counselor Permission Slip / Parent Questionnaire

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

***Please check off what counseling service you are requesting for you child. Please note that students will be serviced on a first come first serve basis with additional groups being added later in the school year.***

\_\_\_\_\_ Individual Counseling    \_\_\_\_\_ Small Group Counseling    \_\_\_\_\_ Social Skills Group

***Please take a moment to fill out the attached questionnaire so that I may learn more about your child.***

Why would you like your child to see the school counselor?

What 3 words would you use to describe your child?

What areas would you like to see your child grow in?

What would you say are your child's biggest strengths?

What would you say are your child's weaknesses?

Has your child ever participated in counseling before? If yes, how was the experience, and where was the counseling conducted (school, outside or school, etc.)?

Please provide any additional information that you feel would be beneficial for the school counselor to know.