



Individual and Group Counseling Permission

Student's Name: _____

Grade & Homeroom Teacher: _____

I give permission for Margolin Hebrew Academy, School Counselor, Vanessa Akeredolu, to see my child for individual and/or group counseling. The purpose of this counseling is to support social emotional education including coping skill building, conflict resolution and social skill building.

These sessions will take place during school hours and will be communicated to me by the School Counselor. I understand that the purpose of the counseling is to enhance my child's social emotional skills.

I understand that my student may confidentially discuss information including academic performance, family relationships, social relationships and mental health issues in counseling sessions. **I understand that the Counselor will not diagnose my student.** I also understand that the above services will be provided during the current academic year and that I may withdraw consent to these services at any time.

Parent/Guardian: _____ Date: _____

School Counselor _____ Date: _____