



**CHICO UNIFIED**  
SCHOOL DISTRICT

Administrative Offices  
1163 East Seventh Street  
Chico, CA 95928-5999  
530.891.3000  
[WWW.CHICOUSD.ORG](http://WWW.CHICOUSD.ORG)

\_\_\_\_\_ (Date)

Dear Parent/Guardian,

We would like to offer your child the opportunity to participate in our counseling services provided by our School Counselor(s). The services can be provided on an individual or group basis. The growth-centered individual or group counseling focuses on targeting more specific needs for your child. Counseling support may include the following topics:

Topics initiated by the **counselor** may include:

- Coping Skills
- Self-Regulation Tools
- Social Skills
- Expressing Feelings
- Problem Solving (e.g. Mediation)
- Interpersonal Relationships
- Self Esteem Building

Topics initiated by **your child** may include:

- Trauma
- Family Dynamics
- Gender Identity
- Religion
- Violence
- Sexuality

While counselors do not provide therapy, they do offer students a variety of support services, as described above. Supports are typically offered during non-academic classes to avoid your child missing critical classroom instruction.

All issues discussed in the counseling setting will be kept in the strictest of confidence unless otherwise required by law.

Please complete the permission form below and return to the main office as soon as possible. The counselors are available to answer any questions you might have regarding these services.

I give permission for my child, \_\_\_\_\_, to participate in counseling services.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**