

**HILLS ELEMENTARY
COUNSELING REQUEST FORM**

Dear Hills Family, Your permission is requested for your child,

_____ to participate in counseling at Hills Elementary School with the school counselor and/or counseling intern. Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances: 1. The student reveals information about hurting himself/herself or another person. 2. The student or another person may be in physical danger. 3. If you as the guardian request information gathered in counseling. By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases. If you have any questions about counseling or do not wish for your child to participate in counseling please contact myself or Hills Elementary School.

Please feel free to call me at (319) 688-1105 or e-mail at cornett.derek@iowacityschools.org

Parent/Guardian _____ Date _____

Sincerely,

Derek Cornett

Elementary School Counselor

Hills & Longfellow Elementary Schools

Iowa City Community School District