**Sanford Middle School**

**Guidance & Counseling Department**

**Individual Counseling**

**Referral Form**

Dear Parents/Guardian:

Individual counseling is designed to give children the opportunity to discuss problems one on one with a counselor, gain insight, and learn skills to address the concerns. We will be focusing on various topics to include **Anger Management, Grief & Loss, School Survival** and **Social Skills**. We will meet biweekly for 30 minutes.

The purpose of individual counseling is to help children:

1. Understand their feelings.
2. Learn the skills to communicate these feelings in constructive ways.
3. Discover their strengths and the support system they have, and learn to use both.

If you have any questions, please contact us at 334-745-5023.

Sincerely,

LaWanda Maloy, Counselor

**PLEASE SIGN BELOW AND RETURN THIS PORTION TO YOUR CHILD’S TEACHER**

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

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child (please check one) MAY \_\_\_\_\_ MAY NOT\_\_\_\_\_ participate in the individual counseling sessions indicated above. Only the students who return their signed permission slips will be allowed to participate.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_