

School Counseling Opt-Out Form

I request that my child _____, in grade _____ NOT participate in school counseling as indicated below. My child should not attend any meetings with a school counselor or social worker, nor be included in any in-class counseling programs, lessons or any other type of instruction that is given by or originated from school counselors or social workers.

If a school counselor or social worker requests to see my child for any reason, I must be informed prior to the meeting. If I agree to allow my child to meet with the requesting counselor/social worker, I will be present for the meeting.

_____ • Opt my child OUT of all personal and social counseling.

_____ • Opt my child OUT of all academic counseling.

_____ • Opt my child OUT of all career counseling.

_____ • Opt my child OUT of all counseling and social worker services.

Signature of parent/guardian: _____ Date _____

Student's name (please print): _____