



All Saints Catholic School  
School Counseling  
2016-17 School Year

Attn: Adam Burgess M.Ed

Dear Parents,

All Saints is pleased to provide a part time School Counselor to assist with your child(s) personal, social, and academic needs. Short term counseling, small group counseling, and classroom guidance lessons are available. Areas of concern may include but are not limited to schoolwork, behavior, attitudes, friends or family problems. Your child may be referred to the School Counselor by his/her own request, by your request, or by teacher request. Please contact our new School Counselor, Adam Burgess, if you have any questions or concerns regarding your child. He will be at All Saints on **Monday, Tuesday and Thursday** from 7:50 - 3:30.

All Parents are asked to complete the the form on the reverse side as soon as possible. Having this form will provide consent for Mr. Burgess to meet with your child for immediate needs, but any planned counseling sessions (individual or group) will need written approval from parents.

If you have any questions, please contact Mr. Burgess at [aburgess@allsaintsric.org](mailto:aburgess@allsaintsric.org) or Mrs. Wallin at [wwallin@allsaintsric.org](mailto:wwallin@allsaintsric.org). Thank you for your cooperation as we welcome a much needed role to our school.

Sincerely,

Adam H. Burgess, M.Ed.  
School Counselor  
804-517-7611 (Cell)

Wanda N. Wallin, M. Ed.  
Principal

**Parent/Guardian Consent Form**

Your permission is requested for your child, \_\_\_\_\_ to participate in counseling at All Saints Catholic School with the School Counselor.

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.

\_\_\_\_\_ 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.

\_\_\_\_\_ I give my informed consent for my child to participate in counseling but ask to be notified first.

\_\_\_\_\_ My child may not participate in counseling with the school counselor.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This consent will be on file throughout the time that your child attends All Saints Catholic School. You may revoke or change this consent at any time. Please feel free to email me if you have questions at [aburgess@allsaintsric.org](mailto:aburgess@allsaintsric.org). I will be happy to talk with you.

**Family Information:**

*Parent:*

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Best Contact Telephone #: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

La familia es solamente habla español: Si No

Comments or Concerns: