

Informed Consent for Termination of Counseling

After careful consideration, it is my recommendation that the weekly counseling sessions with your Child be terminated. He has shown significant growth since the beginning of counseling sessions. He is now more confident, enjoys coming to school, and is accepting of the changes going on in his life. After consulting with Colby, he has agreed that he is no longer in need of weekly sessions. We agreed that if he feels he is having a rough day at school that, as always, I have an open-door policy, and he is welcome to come in and discuss his concerns with me.

This letter will serve as permission to terminate weekly counseling sessions and meet only upon Colby's request.

As always, your child's confidentiality will be guarded within legal and ethical limits. If your child indicates that he or she may be harmed or plans to harm another person, the counselor will share the information with the parents or other appropriate persons.

Please call the school counselor if you have any questions or concerns at 776-5841.

Morgan Persell
Middle School Counselor

I understand that this letter will serve as termination of weekly counseling sessions for my child, but counseling will continue to be available upon request by the child.

Name of Student

Parent/Guardian Signature

Date

Student Signature

Date