



Maria Riedel, MS
School Counselor
PO Box 299
Galena, Alaska 99741
656-1883 ext. 111

Galena City School District

PERMISSION TO ATTEND COUNSELING

As the Parent/Guardian of _____

DOB _____

In Grade ____ at Galena City School District, I hereby give my consent to have my child work with the School Counselor, Maria Riedel. Please return this form to Maria Riedel ASAP.

The topics to be addressed in counseling sessions may include:

- 1) Conflict resolution with peers
- 2) Appropriate behavior to build friendships
- 3) Anger management
- 4) Academic success
- 5) Issues with grief, social isolation, depression, etc.
- 6) Self Esteem
- 7) _____ (other services parent may request)

Sessions may be: Once a Week _____ Twice a Week _____

Sessions will be conducted on an individual basis in the Counselor's Office.

Counselor will keep records and parents/guardians may call and ask about student's behavior and progress. All information is strictly confidential. The parents/guardians may meet with the Counselor at any time by phoning for an appointment.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Signature _____ Date _____

