

## Parent Consent Form

I	parent of	Form
service		he counselor at school and / or be referred to external l emotional or Psycho educational evaluation. Please s below.
0	Counseling sessions at school. To su to further facilitate student's academ	pport the social emotional, psychological needs and ic success.
0	Psychologists at Dr. J. Enterprises for Psycho educational evaluation. To identify your child's personal strengths and weaknesses, to determine appropriate diagnosis depending on the results, to provide parents and school with suggestions regarding the student's functioning and to provide recommendations that will contribute to the students individualized plan.	
0	Mental Health Foundation. For further indebt Psychological counseling/psychiatric intervention.	
0	<ul> <li>Turning Point for further assessment and substance abuse counseling.</li> </ul>	
Signat	cure of Parent / Guardian	Date

Thank you for your cooperation.