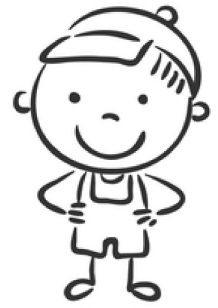


Student Name: _____

Teacher Name: _____ Grade: _____



Dear Parent/Guardian:

My name is Colleen Mosley, and I am the Campus Minister here at Holy Family School. My goal is to help all of our students succeed academically, socially, emotionally, and spiritually. Your child has been referred to participate in counseling sessions once a week for six weeks. Some topics we will cover include: organization and executive functioning skills, behavior and impulse control, emotional regulation, social skills and so much more!. Sessions are held during the school day as well as before and after school.

This is a wonderful opportunity for your child! Please sign the permission slip below, and return it to your child's teacher. If you have any questions about the counseling sessions, please don't hesitate to contact me by calling the school at (516)938-3846, or email at cmosley@holyfamilyparishny.org

Be Well,

Colleen Mosley
Campus Minister



_____ Yes. I give my child permission to participate in individual counseling sessions.

_____ Yes. I give my child permission to participate in small group counseling sessions.

Signature: _____ Date: _____