

**TIFFIN ELEMENTARY SCHOOL
GUIDANCE PROGRAM**

School Counselor, _____

Office Phone: _____

Dear Parents:

As the elementary school counselor, I would like to explain the types of services that will be offered to the students at _____ Elementary School. These services include: individual counseling, small group counseling, whole class guidance and consultation.

Individual counseling offers an opportunity for the student to work one-on-one with the counselor. Examples of this could be (but are not limited to): grief, peer-related difficulties, study skills, divorce, stress, conflict resolution, appropriate social skills, and anger management.

Small group counseling involves the counselor working with two or more students together. Group discussions may be relatively unstructured or may be based on structured learning activities. Whole class guidance will be utilized on an as needed basis, class by class.

The counselor as consultant helps teachers and parents be more effective in helping students. Consultation helps people think through problems and concerns, acquire more knowledge and skills and become more objective and self-confident. The counselor will offer support to teachers and parents to help the students reach their potential, both emotionally and academically. I have available a lending library for parents to use as needed.

As the school counselor, my top priority is the welfare and safety of the students. If I have concerns about your child, I will contact you immediately. Students may be referred by their teacher, parents, principal, any staff member or may refer themselves. I only work with students who have been referred by him or herself, a parent or teacher. I do not see students that have not been referred. If you ever have any questions or concerns, please feel free to call me.

Sincerely,

School Counselor

PLEASE COMPLETE AND RETURN WITH YOUR CHILD AS SOON AS POSSIBLE

Please mark one of the following:

_____ Yes, my child may speak with the counselor if needed throughout the school year.

_____ No, I do not want my child to speak to the counselor.

_____ I have questions about the program, please call me at _____.

(Give a number that you can be reached at during school hours.)

_____ Before speaking with my child, please call me at _____.

(Give a number that you can be reached at during school hours.)

Child's Name

Grade

Parent/Guardian Signature

Date