



Katherine Finchy Elementary School

777 Tachevah Drive Palm Springs, CA 92262

Matthew Hammond, Principal

Phone (760) 416- 8190

Fax (760) 415-8201

Dear Parent/Guardian:

My name is Mrs. Tillmon and I am the new school counselor at Katherine Finchy Elementary School. I am very excited to work with your son/ daughter this year. My goal for the school year is to build a comprehensive counseling program that supports all students and helps them succeed academically, personally, emotionally and socially.

To do this, I plan on working with students individually and/ or in small groups. The sessions will be designed to help students improve their classroom behavior, support academic progress, assist them in gaining insight into themselves and others, enhance self-concept, and to achieve skills in problem solving, decision-making, and social interactions. These sessions will equip students with strategies to succeed in and out of the classroom.

All work and information will be kept confidential. I will work together with your child's teacher to set up a schedule to work with students as needed. In order for your child to participate in counseling services, your approval is needed. By signing this consent form, you are giving permission for your child to participate in Counseling activities throughout this school year.

If you have any questions about the counseling services that will be provided, please don't hesitate to contact me by phone 760-416-8190 or by email ltillmon@psusd.us. I look forward to working with you and your child this year.

Sincerely,

Mrs. Tillmon

Mrs. Tillmon

School Counselor

School Counseling Services Consent Form

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

_____ No, I do not give my child permission to participate in individual/ small group counseling sessions.

Child's Name: _____ Teacher's Name: _____

Signature: _____

Date: _____

Please return the bottom portion of this form to your child's teacher