



ACADEMY OF BUSINESS, LAW, AND EDUCATION

ABLE Charter Schools
At Humphreys University

**Counseling
Department**

COUNSELING DEPARTMENT

REQUEST FOR GUARDIAN PERMISSION TO PROVIDE STUDENT COUNSELING SERVICES

Dear Parents and Guardians,

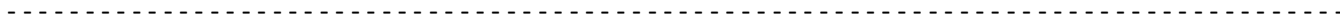
ABLE Charter Schools has qualified School Counselors available to provide short-term counseling in the following areas:

- Academic Counseling
- College/ Career Counseling
- Social/Emotional Counseling

Counseling may occur individually or through small groups and the focus will vary depending on the needs of the student/s. Individual counseling and/or small group counseling are initiated by teacher, guardian, or self-referral, provided based on availability, and cannot take place without guardian permission for students that are under 12 years old. Counseling services are designed to be temporary and are generally limited to one session per week for 6-8 weeks. Guardians have the right to deny this request by refraining from signing below. Written requests for termination of counseling services may be submitted in person or by mail to: ABLE Charter Schools, Counseling Department, 6515 Inglewood Avenue, Stockton, CA 95207. All counseling services terminate no later than the last day for students in the academic school year that is concurrent with the signature and date below. If you would like to pursue school counseling in the follow school year, you will need to contact the ABLE front office and provide written permission.

Instructions: Please keep the portion of this form that is above the dotted line for your records. Submit the signed portion of the form in a sealed envelope to the ABLE Charter Schools front office.

If you have questions, contact student’s school counselor.



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Student Name _____ **Teacher/Grade** _____

My signature verifies that I have educational rights and that I would like for my child to participate in the following school counseling services:

_____ **Individual Counseling** _____ **Small Group Counseling**

Guardian Name _____ **Phone Number** _____

Guardian Signature _____ **Date** _____

Comments _____

**Clem Lee
Superintendent**