

**NORTH CENTRAL KANSAS SPECIAL EDUCATION COOPERATIVE**  
**PARENTAL PERMISSION FOR COUNSELING**  
(Must be considered for ED students)

I give my permission for my child, \_\_\_\_\_, to be involved in counseling with Kristi VanDerVeen, School Social Worker, a staff member of the North Central Kansas Special Education Cooperative. I understand I may revoke permission at any time.

\_\_\_\_\_ Individual Counseling  
\_\_\_\_\_ Group Counseling

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

\* \* \* \* \*

I am aware that counseling services with the School Social Worker are available for \_\_\_\_\_ . However, at this time we request counseling not be initiated.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_