

COLD SPRINGS SCHOOL

Dear _____,

Your son/daughter, _____, has been recommended to receive school counseling by Mr. Joseph DiPatri. School counseling is a voluntary program that offers individual or group counseling to students for approximately 15 minutes biweekly and on an as needed basis. Counseling sessions are individualized or small group and may vary depending on the needs of your child. It has been recommended at this time that your child's sessions focus on the following areas:

Your participation and voice are key components to the success of any counseling program. I value your input and would welcome any additional information regarding your child and family that you think would be helpful in meeting your child's counseling needs. Please feel free to describe any other information below that would be helpful for me to know. Counseling sessions and any information shared will be kept confidential.

I am looking forward to working with your child and family this school year. Please email this form to jdipatri@gcsd.k12.nj.us. Additionally, you can contact me t at 856-456-7000, extension 3154.

Sincerely,

Joseph DiPatri, MA, M.Ed

Certified School Counselor

_____I give permission for my child to receive school counseling.

_____I do not give permission for my child to receive school counseling.

Parent of Guardian's signature_____

"The Gloucester City School District does not discriminate in admissions or access to, or treatment, or employment on the basis of race, color, national origin, sex, disability or age in its programs and activities"