

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT

SCHOOL COUNSELING CONSENT

I give permission for my son/daughter _____
to be seen on an as needed basis by either Mrs. Davis,
Elementary School Counselor, or Mrs. Stone, K-12 School
Counselor.

The area that concerns me most is _____

If it is determined that your child may need additional
counseling support outside of school, we will contact you to set
up a meeting to discuss options.

Parent/Guardian Signature

Date

Beth Davis, MS
Elementary School Counselor
853-4921 x1350
bdavis@scschools.org

Tammy Stone, MS
K-12 School Counselor
853-4921 x1336 or x2194
tstone@scschools.org