



# Mercy Education Resource Center | Maximizing Potential

2011-2012

Dear Parents:

Your school has contracted with Mercy Education Resource Center to provide school-counseling services for the academic year - 2011-2012. Mercy Education Resource Center is a sponsored ministry of the Sisters of Mercy, Auburn Regional Community. The school counseling services will be provided by an individual holding a PPS credential, a credentialed School Psychologist, a licensed Marriage and Family Therapist, or a registered Marriage and Family Therapist Intern or Trainee under the supervision of Kym Weinandy, MFC #42125.

The counseling programs may include, but is not limited to, classroom curriculum that is designed to strengthen the students' self-esteem, promote understanding of their emotions, and build communication, problem-solving, and conflict resolution skills. The counselor will also meet with an individual student to address an immediate issue brought to the counselor by the principal, or a short-term issue they are referred for. The counselor will make appropriate referrals when something more long-term is indicated. In addition, the counselor may facilitate small groups of students during the school day focusing on particular issues or skills related to behavior difficulties that effect school functioning.

Your written permission is required before your child will be seen for **planned** on-going individual or group sessions. I am including this form for your convenience, in the event a situation arises for counseling services. Planned individual counseling may include, but is not limited to, one or more sessions, depending on the clinical judgment of your on-site counselor. If a referral is made on behalf of your child for ongoing sessions, contact will be made by telephone to all legal guardians in order to address your needs.

It has been our experience that a school-counseling program helps students to feel more confident, help them have more successful school relationships, make better choices and enable your school staff to address issues that are outside of their scope of practice.

Sincerely,

Mercy Education Resource Center Counseling Department

---

**Please return signed form**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's name: \_\_\_\_\_

Please Print

I understand that my child will be participating in the school-counseling curriculum. I understand that the counselor will contact me to inform me of **planned** individual meetings and get my written consent before meeting individually with my child on a regular basis. My signature is to acknowledge that I am aware of the classroom participation.

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

\_\_\_\_\_  
Date