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THE PUBLIC SCHOOLS

INDEPENDENT SCHOOL DISTRICT NO. 2184

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LUVERNE, MINNESOTA 56156
EQUAL OPPORTUNITY EMPLOYER

Date: _____

Dear Parent/Guardian:

Your son/daughter has either expressed an interest or has been recommended to join me for _____. I would like to pull your child from _____ to _____ on _____. These services are completely voluntary. By signing this form you are consenting to the evaluation and/or treatment and or services provided to your child.

I work with a variety of students for a number of reasons that may include, but are not limited to; academic support, depression, anxiety, developing skills to improve relationships with peers/adults, to know and understand themselves better, to improve feelings of self worth, to learn problem solving and conflict resolution strategies or to understand and accept consequences for their choices.

If you would like your child to be able to meet with me, please sign the bottom of this sheet and return to me as soon as possible. If you have any questions, please feel free to contact me.

Sincerely,

School Social Worker

I give permission for my child _____
to participate in _____ at school.

Parent/Guardian Signature _____

How would you like to be updated regarding your child's progress throughout the year?

Progress report (Mid/End of Sessions) _____

Bi-monthly Email _____ (write email address if so)

Notes home with student regarding group activity _____

You will call when you seek updates _____

Would not like updates _____