



# St. Mary School

1158 Bont Lane • Walnut Creek, CA 94596 • Tel. (925) 935-5054 • Fax (925) 935-5063  
[www.st-mary.net](http://www.st-mary.net)

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## Permission For Counseling

Dear Parent/Guardian,

Your child has recently been referred for counseling services. The purpose of this service is to assist your child in his/her educational success by providing support in the areas of personal, social, and/or emotional functioning at school.

I respectfully request your permission to provide counseling services to your child. If you have any questions or concerns, please feel free to contact me by phone (925) 935-5054 or e-mail [pbarker@cndo.org](mailto:pbarker@cndo.org).

\_\_\_\_\_ has permission to receive counseling services.  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Warmly,

Paula Barker  
School Counselor

St. Mary of the Immaculate Conception School  
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## Counseling Referral Form

Date \_\_\_\_\_

To: School Counselor- Paula Barker

From: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason For Referral:     Behavior     Social Problems     Family/home  
                                  Learning Problems    \_\_\_\_\_ Other (specify)

Describe Briefly \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if any, interventions were attempted prior to this referral? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up/Actions Taken (Completed by Counselor) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_