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POWAY UNIFIED SCHOOL DISTRICT

Lisa Danzer, Principal
 Stone Ranch Elementary School
 ldanzer@powayusd.com
 (858) 487-8474
 FAX: (858) 487-6225

2018-19 School Year

Dear Parent/Guardian of _____,

As part of the *Stone Ranch Elementary School* program, we have a professional school counselor on campus three days a week (Monday, Tuesday, and Wednesday). The role of the counselor is to work with students to improve their **classroom behavior, support academic progress, assist them in gaining insight into themselves and others, enhance self-concept, and to achieve skills in problem solving, decision-making, and social interactions**. Also, as part of the program, we may request input from you, the student, the school, and the teacher to find out how well this program is working. The information we collect is *confidential*. It will help us better understand the impact of the program on students who participate and how it can be improved.

Your child has been referred to meet individually or to participate in a small group once a week with the counselor. This program is completely voluntary and requires your written permission. Your child's teacher and the counselor will work together to set up a schedule once you have approved of your child's participation.

This is a wonderful opportunity for your child! Please sign the permission slip below and return it to your child's teacher. You, your child's teacher, and the principal will receive updates concerning your child's progress. If you have any questions or information you would like to share with the elementary counselor, please contact Stephanie Carriero, Elementary Counselor, at 858-487-8474 Ext. 4116. Thank you for your support.

Sincerely,

Lisa Danzer
 Principal
 ldanzer@powayusd.com

Stephanie Carriero (Radestock)
 Counselor
 scarriero@powayusd.com

 Student Name: _____ Teacher: _____

Please check the appropriate line below and return this form to the classroom teacher as soon as possible. Thank you!

_____ I give permission for my child to participate in the *Stone Ranch Elementary Counseling Program*.

_____ I have questions; please call me at _____ (daytime phone).

Signature: _____ Date: _____
 Parent/Guardian