

ACKNOWLEDGEMENT OF COUNSELING

This release is an acknowledgement that _____ (counselor's name and credentials) is seeing my child, _____ (child's name) in counseling and that I am aware of the invitation by this counselor to participate in the counseling process.

_____ I am in agreement with this process

_____ I am not in agreement with this process

_____ I accept the invitation to participate

_____ In person

_____ By phone

_____ In writing

_____ I decline to participate

Parent's Signature: _____ Date: _____

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