



Indian Springs Middle School

Karissa Navitskas (A-G), Karmen Harkey (H-O) & Keara Osborn (P-Z)
Counselors

305 Bursey Road
Keller, TX 76248
817-744-3200

Dear Parent/Guardian,

In order to best serve the needs of our students, we will be working with remote learners via phone and/or the Zoom platform as well as meeting on campus with our in person learners.

With your permission, we would like to work with your child **individually or in a small group setting**. Counseling groups meet on a regular basis for 6 to 8 sessions. Individuals will be met with 4 to 6 times. To prevent loss of instructional time, all counseling sessions are scheduled during the school day in cooperation with each child's schedules and teachers.

Ideally, meetings between students and counselors are considered confidential and therefore outside participants should not be present unless the nature of the meeting indicates otherwise and all parties are in agreement. At any time during a zoom counseling session, or in person counseling session, a student indicated intention to harm themselves, harm others, or are concerned someone may harm them, counselors are required by law to break confidentiality and will act according to legal and ethical standards to inform the necessary parties.

If you give your consent for your student to work with the counselor, virtually via phone call, zoom, and/or in person please sign and return the bottom portion of this letter. If you have any questions, feel free to contact your counselor according to last name: Karissa Navitskas (A-G) 817-744-3215, Karmen Harkey (H-O) 817-744-3212 or Keara Osborn (P-Z) 817-744-3218 during school hours. We look forward to serving you and your child.

Sincerely,

Indian Springs Middle School Counseling team

Name of Student _____
Campus _____ Grade _____
Parent(s)/ Guardian Name _____
Phone _____ Email _____

Initial and date each platform you give counseling consent with your child during the 2020-2021 school year by next to all platforms permitted.

<u>Initial</u>	<u>Date</u>	<u>Counseling platform</u>
_____	_____	Counseling via phone
_____	_____	Counseling via zoom
_____	_____	In person counseling

Parent/ Guardian signature _____ Date _____