

**Monroe City Schools
2006 Tower Drive
Monroe, LA 71201
318-325-0601**

Parent Permission for Student Access

Date: _____

Dear Parent of _____,

This letter is to inform you that _____ with _____ agency has indicated that they are currently working with your family and would like to provide counseling services to your child, _____, during school hours.

Monroe City School System allows outside mental health agencies to see students at a school site **once a week for no longer than 30 minutes per session**. *If additional time is believed to be necessary, the child may be checked out of school by the parents to attend scheduled appointments.*

If you approve this request, your child's school will be notified that the person listed above has been verified as a service provider for your child and has your permission to work with your child at his/her school. The principal/designee will review your child's schedule to determine times that will be least disruptive to the classroom and academic day and notify the service provider of acceptable times during which he/she may work with your child. Your child will only be called for during the times identified by the principal/designee. The name of your child's teacher(s) and his/her planning period(s) will also be provided to facilitate communication and collaboration.

In the best interest of all of our students' safety and security, the following procedure will be followed when a student is removed from class by an outside agency for counseling services:

1. Worker will present identification to office staff and sign in date/time of arrival and the initials of student they are there to see.
2. Student will be called to the office by office staff.
3. Office staff will indicate an approved location where the student is to be taken for counseling services.
4. Upon completion of counseling services, the student will check back in with office staff and be returned to class.
5. Worker will sign out before leaving.

Please indicate your decision and sign below:

_____ I approve this request. _____
(Signature) (Date)

_____ I do not approve this request. _____
(Signature) (Date)

Please return to the Office of Student Support Services, 300 Sherrouse, Monroe, LA 71203