



# Bartley Elementary

603 S. Highway 54  
Fulton, MO.

We are ONE on a quest for excellence at Bartley School!

## Permission for Individual and/or Group Counseling

I, \_\_\_\_\_, the undersigned, grant permission for Anne Langendoerfer, school counselor at Bartley Elementary, to do Individual and/or Small Group Counseling with my son/daughter \_\_\_\_\_. I understand that she will contact me if an emergency arises with my child. I also understand that I may contact her at the school (573)590-8300 or at [alangendoerfer@fulton58.org](mailto:alangendoerfer@fulton58.org) with any concerns or questions I may have.

I request that my child receive the following services.

- Individual Counseling
- Small Group Counseling  
Please list the group in which you want your child to participate:

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

Feel free to further explain your concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_