

[DATE]

Dear Parents,

[School Name] is fortunate to have a special counseling program for students who have experienced stressful events. We have found that students who have experienced trauma as victims or witnesses often suffer from a unique kind of stress, called traumatic stress. It could show up in the form of your child not wanting to go to school or as difficulties with class work and concentration.

We would like your permission to ask your child some questions about whether he or she has experienced or witnessed stressful events. Examples of questions that we will ask your child are “have you been in a serious accident where you could have been badly hurt or could have been killed,” “has anyone very close to you been very sick or injured?” In addition, we will ask questions like whether or not your child has been experiencing trouble with falling and staying asleep or is experiencing bad dreams or nightmares due to the experience. These questions will serve to help us determine if the academic and/or social problems your child may be having are due to a stressful event(s) that he or she might have experienced or witnessed.

All of the information collected will be used to try to improve your child’s emotional well being, his or her academic success and the overall success of the school. If we find that your child has been a victim or witness to a stressful event, we hope to be able to offer some counseling that will help him/her deal with any problems in a constructive way which we hope will improve their grades and attendance. The information that we collect will be kept confidential and will not be a part of your child’s school record.

If you would like your child to participate and wish to give us permission to ask your child questions related to stressful events, please sign the bottom of this form. If you have any questions related to this program or would like to review a copy of the questions that we will be asking your child please contact me at [contact info].

Thank you for your cooperation and support.

Student Name: _____ Date of Birth: _____

I accept
 I do not accept

Parent/guardian signature _____ Date _____