

School: _____ School Year: 2018-2019

Student _____ Date of Birth: _____

Grade _____ Classroom Teacher _____

Your child has been identified as eligible to receive federally-funded supplemental services which are offered at your child's private nonprofit school in accordance with Title IV Part A of the Every Student Succeeds Act (ESSA). Houston ISD has contracted with Catapult Learning to provide these services. The service suggested for your child is individual/group school counseling. The counselor will assist the student to recognize and address problems that interfere with his/her best possible school performance.

Your written permission is required to begin services. By giving your permission, you are also allowing the professional staff to review information in your child's school file in order to be well-informed, and able to provide the best possible service to your child. You have the right to examine, obtain copies of, and file objections to reports written by Catapult Learning professionals. Services are provided through Houston ISD, Title IV, Part A funds by a professional personnel with a legitimate educational interest in your child have the right to obtain and examine our records.

If you wish counseling services to be provided, please complete this form and return it to the school. If you have any questions or concerns, please contact your school principal.

I <u>GIVE</u> permission for my child to receive counseling services through Catapult Learning.		
_____ Signature of Parent or Guardian		_____ Date
Address _____		
Number		Street
City	State	Zip Code
Phone _____		

OR

I <u>DO NOT GIVE</u> permission for my child to receive counseling services through Catapult Learning.	
_____ Signature of Parent or Guardian	_____ Date