



Pioneer Union School District

6862 MT. AUKUM RD ♦ SOMERSET ♦ CALIFORNIA ♦ 95684
PHONE (530) 620-3556 ~ FAX (530) 620-4932

Request or Referral for School Counseling

Student Name _____ Student's Grade _____

Today's date _____ Parent has been contacted by staff: Yes No

Person Filling out Request or Referral: _____

Student needs help with:

A small problem A medium problem A BIG problem

- Attendance
- Behavior
- Social/Friends
- Family/Home
- Other

Please BRIEFLY

describe _____

Ms. Spencer is a school counselor, not a therapist, and is available Monday through Friday.
Please let her know if you need help identifying additional services. She will call your student in as soon as she has a signed parental consent form. I am looking forward to talking with your student! Please feel free to e-mail Ms. Spencer at cspencer@pioneerusd.org with any questions or concerns.



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Dear Parent/Guardian,

My name is Ms. Spencer and I am the school counselor at Pioneer Union School District. I am a credentialed school counselor and work with students individually or in small groups.

Students come to my office to talk about things that impact their success at school and learn tools to improve their friendships, study skills, and social skills, to name a few. Meetings with the counselor will take place during school hours and times will be coordinated with your child's teacher to minimize any interruption to school work.

Please understand that counseling is confidential. As a school counselor, the law requires me to report any incident of child abuse, including physical abuse, sexual abuse, and neglect. I also have a duty to take responsible action to prevent someone from harming himself or herself or others, warn an intended victim, or notify the police of threats to harm another.

Please check one:

I give my permission for my student to receive counseling services at Pioneer Union School District throughout the current school year. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

I choose to decline school counseling services for my student at this time. I understand that I may request counseling services at a later date, if needed.

Student Name: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____