

Parental Acknowledgement of Counseling

SMU Center for Family Counseling

5228 Tennyson Parkway*Plano, TX 75024
972-473-3456 (phone)* 972-473-3490 (fax)
www.smu.edu/familycounseling

This release is an acknowledgement that _____ is seeing my child, _____, in counseling and that I am aware of the invitation by The Center for Family Counseling to participate in this counseling process.

____ I am in agreement with this process.

____ I am not in agreement with this process.

____ I accept the invitation to participate:

____ In person

____ By Phone (parent to initiate call)

____ Twice a Month

____ Once a Month

____ Meeting with therapist. (paid parent consultation session – parent to initiate and schedule)

____ In Writing

____ By completing the Intake History for my Child

____ I Decline to Participate - Reason
(optional): _____

Parent's Signature: _____ Date: _____

Counselor's Name Date: _____

**Please mail this form to the Center for Family Counseling at the above address. Thank you!*

02-25-09



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SCHOOL OF EDUCATION
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