



ACA Counseling Disclaimer

Student's Name: _____ Date: _____

During the allotted time that your student will be working on their schoolwork, a counseling session might be required. We at ACA want for you to know that this will affect the minimum amount of work that they will be able to accomplish for that day. We ask that you please acknowledge that this is satisfactory, or, if you have qualms, to please mark so below and contact a school administrator.

____ **Yes, I understand that my student may be dismissed for a schooling period in order to counsel and that doing so may affect the amount of school work that they will be doing for that day.**

____ **No, I do not want my student to be dismissed for counseling during the schooling period and have counseling conducted during a different time frame.**

Signature of Parent

If you marked "No," please fill out the spaces below so that we may contact you as soon as possible.

Name: _____

Phone Number: _____

E-Mail Address: _____