



West Lake Special Education Cooperative
212 East Joliet Street Schererville, IN 46375
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Rebecca Gromala, Director
Barb Kepchar, Supervisor
Diane Parker, Supervisor
Mary Rebey, Supervisor
Alison Mazurkiewicz, Supervisor

I, _____, give my permission for the School Service Provider to meet with my son/daughter. The day and time of such meeting will be determined through a consultation with my child's teacher and the School Service Provider.

I understand that if I have any questions regarding my child, I can contact the School Service Provider by phone or email. I further understand that the sessions with my child and the School Service Provider are kept confidential, except for required reporting mandates, unless the information shared would be beneficial or pertinent to the education of the child, or as otherwise noted.

Please be advised that the services provided are Educational Based Counseling, related to students' thoughts, feelings, and behavior within the school environment. If you feel that your student is in need of additional therapeutic supports the School Service Provider can assist with locating those services within your community.

Child's Name _____ Grade _____ Teacher _____

Parent/Guardian Signature _____ Date _____

Home Phone # _____ Alternate Phone # _____

Additional Information you would like to share: _____

Please complete copy and return