

South Western High School Guidance Department



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COUNSELORS:

Dr. Thomas O'Connor (A-F), x21910

Mr. Wayne Kern (G-L), x21912

Mrs. Amy Devine (M-R), x21914

Mrs. Rachel Berkebile (S-Z), x21915

Mrs. Lisa Dennis (School-to-Career), x21913

PERMISSION FOR ASSESSMENT

I, _____, give permission for my child,

_____, _____ to be seen by a
(student's name) (date of birth)

Student Assistance Program Counselor from Adams/Hanover Counseling Services.

I understand that my child will be seen for an assessment and that the cost of this

Assessment will be covered by the Student Assistance Program.

Signature of parent or legal guardian

Date