HISD | **External Funding Titles I, II & IV**
FUNDAMENTALLY FOCUSED. SUPPORT DRIVEN.
*providing equitable services to **Private Nonprofit Schools***

Catapult Learning

Title I, Part A & Title IV, Part A - Counseling Services
PARENTAL CONSENT

School: _____ School Year: 2025-2026

Student: _____ Date of Birth: _____

Grade: _____ Classroom Teacher:_____

Requested Services: _____

Your child has been identified as eligible to receive federally-funded supplemental services which are offered at your child's private nonprofit school in accordance with Title I, Part A and/or Title IV, Part A of the Every Student Succeeds Act (ESSA). The service suggested for your child is <u>individual/group and or online/virtual</u> school counseling. **Counseling Services** are provided through Catapult Learning and EmpowerU by professional personnel with a legitimate educational interest in your child. Houston ISD has contracted with Catapult Learning/ EmpowerU to provide these services. ***EmpowerU is an acquired entity of Catapult Learning.**

The counselor will assist the student to recognize and address problems that interfere with his/her best possible school performance. Your written permission is required to begin services.

By giving your permission, you are also allowing the Catapult Learning/ EmpowerU professional staff to review information in your child's school file in order to be well-informed and to provide the best possible service to your child. Only essential information will be shared with your child's classroom teacher. You have the right to examine, obtain copies of, and file objections to reports written by Catapult Learning professionals.

If you wish **Counseling Services** to be provided, please complete this form and return it to the school. If you have any questions or concerns, please contact your school principal.

I GIVE permission for my child to receive counseling services through Catapult Learning.

_____   _____
Signature of Parent or Guardian   Date

Address: _____
                    Street Address

_____
City   State   Zip Code

Phone: _____

OR

I DO NOT GIVE permission for my child to receive counseling services through Catapult Learning.

_____   _____
Signature of Parent or Guardian   Date