



Dear CTMS parents,

If you DO NOT want your child participating in our social-emotional needs assessment, please indicate so by signing this form and returning it to the school with your child. We use the results of this needs assessment to guide our comprehensive school counseling program. If you have any questions, please feel free to contact us at:

6th grade: siobhan.gallagher@asd20.org

7th grade: brittney.nosker@asd20.org

8th grade: andrea.lucero@asd20.org

Student Support Counselor: cassandra.hein@asd20.org

Thank you for raising such wonderful students, as we truly love working with them!

Sincerely,

Your CTMS Counselors

I, _____ (parent/guardian name) do NOT want my student _____
(student name) participating in the CTMS social-emotional needs assessment.

Parent/Guardian Signature

Date

****Please return this form to the counseling office by September 10, 2026**