



HARRISBURG SCHOOL DISTRICT 41-2

200 Willow St. P.O. Box 187
Harrisburg, South Dakota 57032
605-743-2567
FAX: 605-743-2569

Dear Parents/Guardians,

The Harrisburg School District is committed to partnering with parents to provide the best support for students' academic, social, emotional, and mental well-being. Per our conversation today, you will find a list of counseling services below who provide counseling to students and families.

Counseling services are not funded by the district; however, most providers have options to help with financial assistance through health insurance, Medicaid, etc.

If you would like your child(ren) to meet with a counselor during school hours, the provider would need to provide specific documentation to the school. A list of documentation requirements will be provided upon request.

If you have any questions, please contact a school administrator, school counselor or social worker.

Celeste Burrow Counseling & Consulting (605) 201-0104 celesteburowconsulting@gmail.com

Nicole Robideau Infocus Counseling SD (605) 940-9356
Infocuscounselingsd@gmail.com Website: <https://openmpi.com/provider/1689290256>

Southeastern Behavioral Health: Directions for Life 605-336-0510 or 1-866-258-6954
info@southeasternbh.org Website: <http://southeasternbh.org/get-help/counseling-childrens-services/>

Clear Minded Counseling Rachael Moe P: 605.681.3345 cell 970-573-8055 www.clearmindedcounseling.com

Rising Hope Counseling, LLC. www.risinghope605.com 605-494-1500

If you would like help in finding an outside counselor for your child, please complete the form on the next page.

Outside Referral Assistance

I, the undersigned, would like help in finding a counselor for my child, _____
(Child First, Last Name). I understand that my contact information will be disclosed to a counseling provider. I understand the school district is not responsible for any payment to the counseling provider.

Student Name	Age	Grade	School
Counselor Name	Counselor Phone #		
Principal Name	Principal Phone #		

Reason for Referral:

Parent/Guardian Name		Date	
Address	City	State	ZIP
Email Address	Primary Phone Number	Alternate Phone Number	

Parent/Guardian Signature

Date