



Greenbriar Middle School

11810 Huffman Rd, Parma, OH 44130
Phone: 440-885-2370 Fax: 440-885-8353

Dear Parents/Guardians of Greenbriar Middle School Students,

This letter is to tell you about a valuable opportunity for you and your child. Parma City Schools has a partnership with Nancy Lowrie and Associates (NLA), a local organization that provides helpful behavioral health counseling and services for students in our schools. All NLA therapists are licensed and masters level clinicians specializing in child, adolescent, and family needs, including:

- Peer Relationships, Problems, Teasing, Bullying, Social skills
- Acting out Behaviors, Anger Management, ADHD
- Self-Esteem, Coping Skills, Self-Harm issues
- Anxiety, Depression, and Mood issues
- Family or Sibling problems
- And other issues or concerns.

Our NLA therapist is located in our school building to help your child while they are in school, and enable them to...

Develop Healthy Confidence & Self-Worth	Develop Behavioral Self-Control	Develop Important Social Skills	Build Healthier Relationships	Perform Better in School
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This is a tremendous opportunity for students to develop and grow. Best of all, NLA services are covered by nearly all health insurance plans and NLA handles all of the paperwork. If you are interested in services for your child, or would like to learn more, simply complete the form below and send it to school with your child, or mail / fax it to the school address above. An NLA therapist will contact you to answer your questions or set up a time to meet.

Warm Regards,

Jill Schissler
Principal, Greenbriar Middle School



NLA - In School Counseling Program Greenbriar Middle School

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____ Zip Code _____ Home Ph # _____

Cell Ph # _____ Prefer: Text / Call / Either. Best time to call _____ OK to leave VM? _____

Insurance Co & Plan Name _____ Insurance ID# _____

Primary / Homeroom Teacher _____ Room # _____ Today's Date _____

>>Simply return this letter with your child to their teacher or the Main Office, or mail/fax it to address at the top.<<



Shiloh Middle School

2303 Grantwood Drive, Parma, OH 44134
Phone: 440-885-8485 Fax: 440-885-8486

Dear Parents/Guardians of Shiloh Middle School Students,

This letter is to tell you about a valuable opportunity for you and your child. Parma City Schools has a partnership with Nancy Lowrie and Associates (NLA), a local organization that provides helpful behavioral health counseling and services for students in our schools. All NLA therapists are licensed and masters level clinicians specializing in child, adolescent, and family needs, including:

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Warm Regards,

Andrew Suttell
Principal, Shiloh Middle School



NLA - In School Counseling Program Shiloh Middle School

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____ Zip Code _____ Home Ph # _____

Cell Ph # _____ Prefer: Text / Call / Either. Best time to call _____ OK to leave VM? _____

Insurance Co & Plan Name _____ Insurance ID# _____

Primary / Homeroom Teacher _____ Room # _____ Today's Date _____

>>Simply return this letter with your child to their teacher or the Main Office, or mail/fax it to address at the top.<<



Hillside Middle School

1 Educational Park Drive, Seven Hills, OH 44131
Phone: 440-885-2373 Fax: 216-236-6056

Dear Parents/Guardians of Hillside Middle School Students,

This letter is to tell you about a valuable opportunity for you and your child. Parma City Schools has a partnership with Nancy Lowrie and Associates (NLA), a local organization that provides helpful behavioral health counseling and services for students in our schools. All NLA therapists are licensed and masters level clinicians specializing in child, adolescent, and family needs, including:

- Peer Relationships, Problems, Teasing, Bullying, Social skills
- Acting out Behaviors, Anger Management, ADHD
- Self-Esteem, Coping Skills, Self-Harm issues
- Anxiety, Depression, and Mood issues
- Family or Sibling problems
- And other issues or concerns.

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Warm Regards,

Michelle Cook
Principal, Hillside Middle School



NLA - In School Counseling Program
Hillside Middle School

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____ Zip Code _____ Home Ph # _____

Cell Ph # _____ Prefer: Text / Call / Either. Best time to call _____ OK to leave VM? _____

Insurance Co & Plan Name _____ Insurance ID# _____

Primary / Homeroom Teacher _____ Room # _____ Today's Date _____

>>Simply return this letter with your child to their teacher or the Main Office, or mail/fax it to address at the top.<<