


Meet the Counselor




Mrs. Brandy Harpster

A LITTLE ABOUT ME



Hello and welcome back to the 2023-2024 school year! My name is Brandy Harpster and I have been working as a school counselor for the Iu08 for 10 years. Previously I worked at Penn State University conducting child developmental research. I am married for 16 years and I have 2 amazing daughters. I enjoy spending time at home with my family and friends, traveling and relaxing outside by a fire.



I can hardly believe we are back to school and summer break has ended. I am excited to be back at Saint Michaels and I can't wait to see all the amazing things this school year has to offer. Please don't hesitate to reach out to me if you have any questions or need to chat. I would love to hear from you!

- My days at SM are Monday morning, and Thursday all day.
- I work at All Saints in Cresson and Bishop Guilfoyle in Altoona.
- My email is bharpster@iu08.org
- You can also call the school if you need to talk to me.



2023-2024 School Counseling Department Survey for Parents

This survey is confidential and for school counselor use ONLY! This will only be used to better serve the needs of you and your child.

Student's Name: _____

Grade: _____

Parent or Guardian's Name(s): _____

Telephone Number(s): _____

Email address: _____

Please check ALL that are applicable: *(Write any additional information on the back of this page, if needed.)*

My child:

_____ would benefit from individual counseling.

_____ has a _____ 504 Plan _____ IEP (Individual Education Plan)

_____ I have concerns for my child such as:

_____ Socialization/Friendship Issues/Skills

_____ Greif/Loss—Relationship to the child _____

_____ Change in Family Structure i.e. separation, divorce, remarriage, step parent/siblings, shared residency etc.

Other change(s) my child is experiencing _____

_____ Emotional Management (anger, nervous, sad, anxious, tearful, shy, etc.)

_____ My child is presently seeing an outside counselor *(If you would like me to collaborate with the counselor to work cooperatively with your child please let me know.)*

Agency: _____

Counselor's Name: _____

Parent/Guardian Signature

Date