Your child is invited to be apart of a counseling small group at school. This group will be addressing changes in families. We will be learning coping strategies through games and activities with other students that are dealing with similar situations.

We will meet weekly for several weeks, at a time that does not take away from instruction in the classroom. Your child knows about the group and has indicated that he or she would like to participate. However, I need your permission to allow your child to be a part of this group.

Please indicate, by completing the form below, that you wish to have your child participate in this great opportunity or that you do not want your child to be included. Please return the permission slip to me by .

Please let me know if you have any questions. Thank you!

Alyssa Hall

Lower School Counselor

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***give permission*** for my child participate in the small-group counseling program.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***do not give permission*** for my child to participate in the small-group counseling program.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_