Friendships can begin to get challenging at a very young age. Girls can develop low self-esteems from situations caused by girl drama. Unfortunately peer relationships continue to get harder the older the children get. Because of this, I have decided to start a counseling small group that will be about prevention. The girls in the group will be doing activities that will help prevent friendship troubles in the future. This pro-active group will be called “Girl Talk”.

 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 she would like to participate. However, I need your permission to allow her to participate.

 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 her 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 for developing friendship skills.

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

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