



Dear Parent(s)/Guardian(s):

The Counseling department offers a variety of small group guidance and counseling programs for students. Each group program is voluntary and limited in the number of participants. The groups will typically meet twice a month during the school day on a rotating schedule so that students do not regularly miss the same subject. The number of sessions will range from six to twelve. Students are responsible for make-up work, and we expect them to not maintain, but to improve academic performance.

Your child has expressed an interest for the _____ group. The attached form provides details about the specific group program in terms of goals and objectives, meeting schedule, group leader, and so forth. If you have any questions, please contact the counselor who will lead the group.

Most groups have a waiting list and students cannot participate without parental consent. If you would like for your child to have the opportunity to participate in this program, please sign and return the bottom portion of this form at your earliest convenience.

Your comments and suggestions are always welcome as we plan our guidance and counseling program each year. As always, thank you for your continued support.

LaTonia McDaniels, Ed.S

**Group Counseling Program
Parental Consent Form**

I hereby grant permission for my son/daughter to participate in the _____ group at Sarah Smith Elementary School.

Student _____

Date _____

Parents Signature _____

Phone _____