

**GROUP COUNSELING PERMISSION FORM**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been invited to participate in a small group session.

The purpose of this small group is to enhance social and academic skills in order to increase your child’s success at school.

The topic will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and we will meet approximately 4 times, once per week.

If you have any questions, please feel free to contact email me or call me during the day.

Sincerely,

Counselor’s Signature(s)

Counselor’s name(s)

Office Number

District email(s)

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Return to your child’s teacher (check one)

\_\_\_\_\_ My child may participate in the small group sessions.

\_\_\_\_\_ My child may not participate in the small group sessions.

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

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Student Services 3.2