



Small Group Counseling

Parent/Guardian Opt-In Request

Dear Parent/Guardian,

Baldwin County Public School System's School Counseling Program emphasizes the importance of academic and life success for every student. During the school year, students have the opportunity to participate in small groups. Small group counseling is an excellent way for students to learn skills, develop confidence, and better understand how to effectively deal with some of the issues/concerns life presents in a non-therapeutic setting. We have found that when we work with students in groups, they gain support from others who are experiencing similar situations or who have adjusted well after experiencing a similar situation in the past.

Your child's school counselor will be conducting a group called _____ which will begin on _____. The group will focus on helping students develop positive strategies and learn from the shared experiences of other students in similar circumstances.

This group will meet weekly for approximately six to eight weeks for 30 minutes each week. We will meet at non-instructional times during the school day to minimize the content missed in each class. Classroom requirements will take precedence over group participation.

Please understand that participation in the group is completely voluntary and **requires parental/guardian permission**. Also, attached are the topics which will be covered during the group meetings. Please contact your child's school counselor if you have questions about the group. In order for your child to participate in this group, Baldwin County School District policy requires your **signed consent**. Please sign, date the following form and return it to the School Counseling office by _____.

Consent/non-consent to Participate In Small Group

Please return to the School Counseling office by _____. I have read the information provided by the School Counselor and have had an opportunity to ask questions about small group counseling for my child.

___ I give consent for my child to participate in the _____ group. I understand that participation is completely voluntary and that classroom requirements take precedence over group participation.

___ I do not give consent for my child to participate in the _____ group.

Student Name

Date

Parent/Guardian Name

Parent/Guardian Signature

Date