Mrs. Allen’s

Small Counseling Groups

Parents & Guardians,

Small counseling groups are being offered here at school and your child has the opportunity to take part in all the fun! The purpose of group counseling is to complement and enhance student learning by helping students improve their perceptions, attitudes, and behaviors. Counseling groups provide a safe setting where student can increase their self-awareness, cooperation, and communication skills. Being part of a group enables students to express themselves more openly, without having to worry about how his or her large peer group will view them.

Students participating in groups will:

 1. Learn more about how they are perceived by others

 2. Experience a sense of acceptance and belonging.

 3. Discover that they are not alone in the difficulties they are experiencing.

 4. Hear ideas from others which enhance their ability to make decisions and solve problems.

 5. Benefit from the experience of being helpful to others.

 6. Learn to constructively express their feelings and ideas to others

 7. Gain encouragement by observing the successes of others.

Ultimately, the goal of group counseling experience is to provide students with successful adaptive skills, along with the opportunity to apply these skills within a safe environment in order to encourage change and prevent future problems. These groups are meant for students who might need extra support in certain areas. Each group will focus on specific issues and will consist of students who have similar concerns. Please consider getting your child involved. The staff feels your child could benefit from the experience.

\*Groups will meet for 20 minutes once a week during your child’s ICE time. Therefore, their participation will not affect their academic schedule. Groups typically last 5-6 weeks depending on the needs of the group\*

Thanks for your time,

Cindy Allen callen@lakeschools.org , 419-661-6661

**In order to give your child permission please fill out and return this bottom portion.**

**\_\_\_\_\_**  I give my child permission to participate in the small counseling groups

\_\_\_\_\_ I do **NOT** give my child permission to participate in the small counseling groups

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Students Name Teacher

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Parent/Guardian Signature Date