

Informed Consent for Small Group Counseling Activities

Dear Families:

As part of our school's comprehensive guidance programs, small group counseling is available. Students are encouraged to participate in small group counseling sessions when the small group topic is applicable to individual needs. Children who share a common concern/developmental stage meet together with the counselor to receive support through talking, learning and sharing. Participation in these groups is voluntary and your child may discontinue counseling at any time for any reason without negative consequences.

The group that your child has expressed interest in is _____.
This group will meet weekly for 6 sessions/30 minutes each. A small group experience provides group members the opportunity to express their feelings within a small, caring environment. It also provides group members a place to offer encouragement and support to other group members. One of the primary goals of small group counseling is to help students realize that they are not alone in their situation.

This group will begin shortly after I receive all consent forms. Activities may include games, discussion, role playing or stories that encourage individual expression of feelings. Your child's confidentiality will be guarded within legal and ethical limits. If your child indicates that he/she may be harmed or plans to harm another person, I will share that information with parents or other appropriate persons.

If you have any questions or specific concerns, feel free to call me at 776-5841. I look forward to working with your child. Please read, sign and return the following form to ensure your child's placement in the group.

Sincerely,

Morgan Persell
Middle School Counselor

My child, _____, has my permission to receive support through participation in small group counseling.

Parent/Guardian Signature

Date

Student Signature

Date