

## Eagle's Landing Middle Small Group Permission Form

Dear Guardian(s),

My name is Mr. Carver, and I am the 8<sup>th</sup> grade school counselor at *Eagle's Landing* Middle School. I may work directly with your child/children through individual counseling or through small group counseling. You are receiving this letter because your child has been invited to join a High School Credit Counseling Group. This small group will focus on academic expectations, study skills, problem solving skills, and character traits such as respect, empathy, and more. It will provide an extra layer of support for students who are getting introduced to high school credit classes. We will meet during the school day for approximately 30 minutes over an 8-week span. The start date will be determined.

During group meetings, students will have the opportunity to learn new skills and behaviors through discussion of ideas, feelings, behaviors, attitudes, and opinions. Students will participate in a variety of activities relating to the group topic. These activities may include an accountability partner, role-playing, relaxation and mindfulness exercises, creative expression, and developing healthy study habits.

As the guardian, you can always feel free to contact me to discuss your child and his or her growth in the group. However, because counseling is based on a trusting relationship between the counselor and the students, the group leader will keep the information shared by the members confidential unless district policy and/or ethical responsibilities require disclosure. These circumstances include if a child reveals information about harming themselves or others and vice versa, or if a child reveals information about child abuse. In these cases, only relevant information will be disclosed following district policy.

For your child to participate in a small group, I will need your written permission. Please complete this permission form on the back of this paper and have it returned to me. This small group is completely optional and not subject for a grade. As always, if you have questions or concerns, please contact me at [jalen.carver@henry.k12.ga.us](mailto:jalen.carver@henry.k12.ga.us) or by phone at 770-914-8189, ext. 07111.

Thank you for your time and for the opportunity to work with your child/children!

Best,

*Jalen Carver*

8<sup>th</sup> Grade Counselor

**Eagle's Landing Middle Small Group Permission Form**

Student's Name \_\_\_\_\_

By signing this form, I give consent for my child to participate in group counseling. I understand that:

- The group will provide an opportunity for members to learn and practice social skills, interpersonal skills, discuss feelings, share ideas, practice new behaviors, and make new friends.
- Anything the group members share in group will be kept confidential by the group leader and group members will be asked to also keep everything that is shared in the group confidential.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian email address \_\_\_\_\_

Parent/Guardian phone number \_\_\_\_\_