

Dear Parent/Guardian:

Our Guidance and 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 self-awareness and confidence, practice new behaviors, and better understand how to effectively deal with some of the issues/concerns life presents. 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.

I would like to invite your child to participate in our Grief & Loss group which will begin on February 7, 2018. The group will focus on helping students identify and understand common thoughts and feelings associated with the experience of grief, developing positive coping strategies and learning from the shared experiences of other students in similar circumstances. This group is open to students who have experienced loss that may include a parent, friend, or any family member.

This group will meet on Wednesdays and Thursdays weekly (3:30-4:00) for approximately 7 weeks (February 7-March 29, 2018) in the media center meeting room. Students may benefit most by attending 1 session per week. However, students will have the option to attend sessions as needed. Students will be required to work with their teacher to make up any missed assignments. Participation in the group is completely voluntary.

If you have questions or desire further information about the group, I may be reached at sblankenship@atlanta.k12.ga.us or 404-802-3052. In order for your child to participate, policy requires your signed consent. Please sign, date, and return the form to me if you give consent for your child to participate.

Educationally,

Shaketha Blankenship, Ph.D.
Professional School Counselor

_____ I give consent for my child to participate in the Grief & Loss Group. I understand that participation is completely voluntary and that my child will be required to work with his/her teacher to make up any missed assignment.

_____ I do not give consent for my child to participate in the Grief & Loss Group.

Student Name

Date

Parent/Guardian Name

Parent/Guardian Signature & Date



