



Dear Parent/Guardian:

Your child has been invited to participate in a discussion group at school. The purpose of the group is to provide students with an opportunity to focus on and discuss common social, academic and/or emotional concerns.

Discussion groups are small in number (5-8 students). The small number helps students to feel more comfortable to share their thoughts and concerns. Groups are very effective in helping students develop better communication skills and gain valuable support from peers who are dealing with similar issues.

I facilitate various groups throughout the school year. Your child has expressed an interest in the _____. Student groups meet once a week, in the Guidance room/office. They typically run from 6-8 weeks but this can be extended and could run all school year. Groups typically meet during lunch/recess. If you wish to permit your child to participate in this group, please sign the attached permission slip. If you have any questions or concerns please feel free to me, the school counselor at (330)-877-4276.

Sincerely,

Shirley Sloan
School Counselor

Student Discussion Group Permission Slip

_____ has my permission to participate in the student discussion group at Lake Elementary School.

(Parent/Guardian Signature)

(Date)