Dear Parent or Guardian:

We would like to provide an opportunity for your student to participate in small group counseling at Carrillo K-5 Magnet School. Small group counseling is designed to be developmental and supportive. Being a part of a group is an excellent way for student to learn new skills, develop self-confidence, become more aware of how others see them, practice new behaviors, and better understand how to deal with the many problems life presents.

You are asked to review the attached information about the groups we offer at Carrillo and determine whether or not your student would benefit from participating in any of these groups. We will offer each of these groups at least once this school year, and we will fill groups on a first come, first serve basis.

If you have any questions/concerns, please contact your child’s counselor.

**Completed permission forms are due no later than 3:00 p.m. on Friday, September 22nd, 2016.**

Sincerely,

W. Ed Rothlisberger, M.Ed

Carrillo K-5 Magnet Elementary School Counselor

520-225-1212

william.rothlisberger@tusd1.org

**\*\*\*\*\*Please detach and return lower portion of the page to the Carrillo School Counselor. \*\*\*\*\***

My son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***has***

***my permission to participate***in the group titled (please circle one):

* Attendance
* Anger Management
* Dealing with Grief
* Self-Esteem
* Stress Management

Parent’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_