



**LIFE COUNSELOR PROGRAM: Leading Individuals Fostering Empowerment
Parent Permission Form**

Student's Name: _____

Dear Parent or Guardian:

Your child is invited to participate in an individual or group education support service with the Life Counselor Program. The focus of this service is to use supportive counseling and education to assist students in developing new skills. These new skills will promote personal growth and well-being. The goal is to better equip your student to deal with pressures encountered during the middle school years that will help them avoid or resist harmful risk-taking behaviors, which may also interfere with their academic progress.

This service is provided by the LIFE COUNSELOR, Mrs. Spanfelner.

Groups meet on a rotating schedule and students are pulled from a different class once per week. These groups run the entire school year providing support services for your child. Individual counseling is offered weekly as well. For individual sessions, students are pulled from elective classes, unless there is a crisis or significant event. Individual sessions typically continue as needed for support.

The focus areas may include self-esteem, anger management 1, 2 and beyond, grief/loss, decision making, communication as well as social skills, friendship , stress management, and overall teen challenges. Materials and techniques will include activity sheets, discussion, educational games, guided imagery, and social stories /vignettes.

The service is free of charge to the student and parents and is on a voluntary basis. It does require consent from both the student and parent. If you have any questions, please call the LIFE COUNSELOR office at (540) 562-3900 EXT 32019 or the school number at 772-7320.

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Student Name: _____

I give permission for _____ to participate in individual/group education support services.

I do not give permission for _____ to participate in individual/group education support services.

Parent/Guardian Signature

Date