



Group Counseling Permission Slip

The Barbara Morgan STEM Academy School Counseling Program strives to help children by teaching skills which promote respect for self and others, encourage wise decision-making, and foster responsibility. In addition to classroom lessons, the counselor provides small group experiences for students who could benefit from additional skills training and personal support. Groups meet for 30 minutes weekly for approximately six weeks.

Check the group(s) in which you would like your child to participate:

Family Changes: For students who have experienced a recent separation or divorce in the family.

Stress Reduction and Relaxation: For students who are experiencing any type of stress in their lives. Students will be able to express their feelings and practice effective coping skills.

Keep Your Cool: Students will learn healthy ways of managing anger and will practice effective ways of dealing with frustration.

Friendship Group: Students will learn and practice appropriate friendship and conflict resolution skills.

Social Skills Training: After identifying specific needs in social play development, emotional regulation, and/or communication skills, students will learn and practice appropriate prosocial behaviors and coping skills.

Impulse Control Training: Students will learn and practice techniques to control their own behavior in order to make good choices. Techniques will include mindfulness and cognitive behavioral therapy practices.

Mindfulness Group: Students will learn and practice ways to implement mindfulness strategies to deal with a variety of issues.

Optimistic Brain Training: Students will learn strategies to combat negative thoughts.

If you wish your child to participate, please sign and return the backside of this permission slip.

Other groups may be added as needs become apparent. If you feel that there is an additional topic area that your child could benefit from by acquiring more social or emotional skills training or discussion, please feel free to call or email:

Kristin Wright, School Counselor
Wright.Kristin@westada.org
208.855.4430

Lindsay Wright, School Counselor Intern
Wright.Lindsay@westada.org



Group Counseling Permission Slip

Group(s): _____

Student Name: _____

Teacher: _____

Parent/Guardian Signature & Date: _____

Parent/Guardian email: _____

What do you hope your child will get out of this experience? (optional): _____
