

Jeannette Hayes Elementary
Group Counseling Program 2014-2015
First through Fifth Grade
Permission Form

Student Name: _____

Grade Level: _____ Teacher: _____

I give permission for my child to participate in the following group:

- Good Grief** - students adjusting to a recent loss or trauma
- Banana Splits** - students experiencing a family change such as divorce, separation, and blended families.
- Peacemakers** - students identifying and expressing feelings in a helpful, healthy manner

Parent/Guardian Name: _____

Parent/ Guardian Signature: _____

Contact number: _____

Contact email: _____

PLEASE return this form to Marcia Jones, Hayes Elementary Counselor, by Friday, November 7.