

Group Counseling

As the school counselor, I offer all students the opportunity to participate in small groups throughout the year. These groups help to support the social and emotional development of students, which has a positive influence on academic development and success. I am planning to schedule groups based on need and grade level. Once formed, each group will meet on a weekly basis for 6 weeks. Each meeting will be 30 minutes in length and will take place during the school day.

During group meetings, children will have the opportunity to learn new skills and behaviors through discussion of ideas, feelings, behaviors, attitudes, and opinions. The children will participate in a variety of activities relating to the group topic. These activities may include drawing, role-playing, relaxation exercises, and practicing new behaviors. Your child may be asked to practice their new skills with family members and friends.

As a parent or guardian, you can always contact me to discuss your child and his or her growth in the group. However, because counseling is based on trusting relationships between the counselor and the students, I will keep the information confidential unless district policy and/or ethical responsibilities require disclosure. These circumstances are if a child reveals information about harming themselves or others, or if a child reveals information about child abuse. In these rare cases, only relevant information will be shared following district policy.

If you are interested in your child participating in a small group, I will need to have written permission from you. Please complete the form on the back and return this to me. As always, if you have questions or concerns, please contact me at chelsea.hoard@maypearlisd.org.

Chelsea Hoard
School Counselor
Maypearl Middle School

Group Counseling

Student's name: _____ Grade: _____

I would like my child to participate in the following small group (Please circle any that apply):

Family Change

Social Skills

Friendship

Self-control

Anxiety/Worry

Anger control

Grief

Challenge Group

Girl's Group

By signing this form, I give consent for my child to participate in group counseling. I understand that:

1. The group will provide an opportunity for members to learn and practice interpersonal skills, discuss feelings, share ideas, practice new behaviors, and make new friends.
2. Anything the group members share in the group will be kept confidential by the counselor and other group members.

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Email Address: _____

Parent/ Guardian Phone Number: _____

If you have any questions, please contact me at chelsea.hoard@maypearlisd.org.