

SUSSEX COUNTY TECHNICAL SCHOOL

School Based Youth Services Program - The Student Center



Teen to Teen Group - Consent Form

Dear Parent or Guardian,

Your child has either expressed an interest in or has been referred to our group, Teen-to-Teen or T2T. T2T is a support group that addresses the relationship concerns of teens as they move through adolescence. Topics to be covered, but not limited to, include family relationships, dating, sexual identity, gender identity and peer-to-peer or friend relationships. The group is generally geared for teens identifying on the LGBT spectrum, are transitioning and/or are questioning where or if they identify as somewhere on the LGBT spectrum. It targets concerns that are specific to this group of adolescents.

This group will meet, on average, twice a month with allowances for periodic school scheduling conflicts such as holidays and snow days. Students will be missing approximately two classes per month with the possibility of rotating the schedule to ensure students do not miss the same period each time. At times, students may be taken from their lunch period and are invited to bring lunch with them. Lunch is not provided. The group is run by Master's level clinicians and occasionally an intern who is learning group therapy skills. In order for students to attend, their teacher must give permission for them to leave class for that period and the students are responsible for making up any missed work.

Parents are encouraged to call with any questions prior to signing this consent. However, consent can always be revoked in writing if you no longer wish your child to participate. The Student Center reserves the right to remove a student from the group if it is determined that it is no longer appropriate for the student or for any other clinical indication. You will be notified if your student is not attending. Please be advised that students aged 16 and older may consent for their own mental health treatment and support without parental consent.

Sincerely, Suzanne Sarner, MA, LPC, ACS

Please give your consent to participate by signing where indicated below.	
I,	ive permission for my child,
to participate in the Teen-to-Teen therapeutic group. I have read the above and understand the topics of this group and that my child will be missing class time in order to attend.	
(please initial) I have signed, where indicated, t	he "Parental Consent for Professional Counseling" form
Parent's Name (please print):	
Parent's signature:	Date:
Student's signature:	Date:
OR: I am 16 and can consent for my own treatme	nt.
Student's Name:	DOB:
Student's Signature:	Date:
(please initial) I have signed, where indicated, t	he "Self-Consent Form - 16 and Older"
tm/2024	