

## **Counseling Group Permission Form**

**Stress Management**--identifying stressors in our lives and working on healthy ways of managing our stress.

**Friendship**-- developing self-esteem, and making and maintaining healthy friendships

**Grief and Loss**-- for students who have lost a loved one recently.

**Families in Transition**--support for students during/after divorce, blended families, or separation.

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Please check the group(s) in which you would like to be involved.

\_\_\_\_\_ Stress Management

\_\_\_\_\_ Friendship

\_\_\_\_\_ Grief and Loss

\_\_\_\_\_ Families in Transition

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I would like to be a member of the group(s) selected above.

I am available on the following days during period 8: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature indicating permission: \_\_\_\_\_

Please return to the guidance office by September 20<sup>th</sup>.

Groups will begin in October.