



**Small Group Support
(School Social Worker)
Parent/Guardian Opt-In Request**

Dear Parent/Guardian,

Baldwin County Public School System's School Social Workers are trained to explore practical and innovative solutions to complex problems, and their interventions often make a compelling difference for students. School social workers utilize a variety of interventions to best meet the identified needs of students.

Social Workers seek to reduce barriers to learning and thus connect students to their classroom experience and school community in general. One way school social workers accomplish this is by meeting with students in small groups. School social workers develop a process of school engagement by the following:

- Meeting with students in a small group to cope with family changes, i.e., divorce, death of a family member, separation of parents, military parents' deployment away from home, or other issues which may affect learning.
- Providing support to students to enhance their self-concept and/or to cope with peer conflicts as they impact the student's functioning in their school environment.

Your school's school social worker is conducting a small group meeting called _____ which will begin on _____. The group will focus on helping your child be successful in a school setting. This group will meet weekly for approximately six to eight weeks for 30 minutes each week. Meetings will be conducted during non-instructional times during the school day to minimize the content missed in each class. Classroom requirements will take precedence over group participation.

Please understand that participation in the group is completely voluntary and **requires parental/guardian permission**. Also, attached are the topics which will be covered during the group meetings. Please contact your child's school social worker if you have questions about the group. In order for your child to participate in this group, Baldwin County School District policy requires your **signed consent**. Please sign, date the following form and return it to the School Social Worker's office by _____.

Consent/non-consent to Participate In Small Group

Please return to the School Social Worker's office by _____. I have read the information provided by the school social worker and have had an opportunity to ask questions about small group counseling for my child.

____ I give consent for my child to participate in the _____ group. I understand that participation is completely voluntary and that classroom requirements take precedence over group participation.

____ I do not give consent for my child to participate in the _____ group.

Student Name

Date

Parent/Guardian Name

Parent/Guardian Signature

Date