**2013-2014 Heritage Elementary Group Counseling**



Dear Parents,

The counseling program at Heritage Elementary is designed to meet the personal/social and academic needs of all students. One of the ways I serve students is by providing small group counseling. Many students have participated and benefited from participation in small groups during the previous years at Heritage.

The groups are offered throughout the school year. The purpose of the small group experience is to help children realize that they are not alone in their situation, to learn more information about that situation, and to develop strong coping skills.

If you express an interest in any of the groups, additional information will be sent home with your child throughout the year as these groups are being formed. Please understand that it will take the entirety of the school year for group requests to be implemented. Keep in mind also that your child may not be serviced in a small group setting depending on the amount of student need and the level of distress indicated. If your child is not serviced in the small group setting, I can also work with you and the classroom teacher to implement classroom strategies that will help with the distress.

If you are interested in a small group, please fill out the survey on the back of this form. Your answers will help in determining the issues that your child is experiencing.

Don’t hesitate to contact me at 833-6385 if you have questions or concerns.

Sincerely,

Tessa Gossett, School Counselor

Heritage Elementary School

**Please return this form in a sealed envelope to Mrs. Gossett, School Counselor.**

**ALL INFORMATION IS CONFIDENTIAL AS STATED IN THE CODE FOR OHIO**

**SCHOOL COUNSELORS AND SOCIAL WORKERS.**

Please check any issue(s) that you feel your child is confronting, and then rate thelevel of distress you feel he/she is experiencing. Some questions also ask foradditional information. Attach additional information as you feel necessary or helpful.

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Student’s Name Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Phone

• **Family Changes No Distress Some Distress Much Distress**

\_\_\_\_ Separation/Divorce 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Death of Loved One 1 -------- 2 -------- 3 -------- 4 -------- 5

(Date: \_\_\_\_/\_\_\_\_/\_\_\_\_; Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ Parent Marriage/Remarriage 1 -------- 2 -------- 3 -------- 4 -------- 5

(Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

• **Social/Emotional Difficulties No Distress Some Distress Much Distress**

\_\_\_\_ Making Friends 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Solving Friendship problems 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Managing Anger 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Confidence/Self-Image 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Attention/Task Completion 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Anxiety 1 -------- 2 -------- 3 -------- 4 -------- 5

• **Family Issues No Distress Some Distress Much Distress**

\_\_\_\_ Parent in Prison 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Parent Dependent on Drugs/Alcohol 1 -------- 2 ---------3 -------- 4 -------- 5

\_\_\_\_ Domestic Violence 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ No Contact with Parent 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Parental Unemployment 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Parent deployed 1 -------- 2 -------- 3 -------- 4 -------- 5

\_\_\_\_ Foster Care or Adoption 1 -------- 2 -------- 3 -------- 4 -------- 5

Please list any additional issues or concerns: