Little Knight Family

Changing Families Small Group Work

Dear Parent/Guardian of _____:

As the school counselor, my job is to help ALL of our students succeed both academically and interpersonally. As part of the counseling program it is my privilege to provide opportunities for students to meet in small groups. The purpose of these groups is to allow students to work with 3-6 peers sharing similar concerns in a small group environment for help, support, and growth!

Your child has an opportunity to participate in the Little Knight Family group, where we will work in a small group on expressing feelings and coping skills for our changing families. Some of our topics and themes for this group will include exploring all the different kinds of families, expressing feelings about our changing families, and relating to others experiencing similar situations.

The group will consist of 6 sessions (one per week) starting the second week of March and ending in April. Each session will be 20 minutes long during the student's lunch recess to ensure they do not miss any academic time. In order for students to participate in a small group, I always ask for parent permission. Please indicate, by completing the form on the next page, whether you would or would not like to have your child participate in the Little Knight Family group.

If you have any questions, please do not hesitate to call me at (419) 823-4381 ext. 4010 or contact me by e-mail (lmikesina@otsegoknights.org).

I cannot wait to work with your student!

Sincerely,

Miss Lianna Mikesina
School Counselor
Otsego Elementary School

Little Knight Family

Small Group Permission Slip

_____ (Student Name) is:

☐ given permission to participate in the **Little Knight Family** group.

☐ **NOT** given permission to participate in the **Little Knight Family** group.

_____ _____

Parent/Guardian Signature Date

*Please return to school with your child by Friday, March 6, 2015.