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**SHARON**  
**SCHOOL**

Kim White School Counselor

Dear Parent/Guardian,

Guidance and counseling services are an integral part of your child's educational growth and development at all stages of his or her childhood. As part of the guidance program, I will be conducting small group sessions designed to assist your child in dealing with emotions, situational difficulties, and decision-making skills. These optional groups offer an opportunity for those children who have common concerns to share feelings with one another and work towards finding viable solutions. Please sign up only if there is a significant need in the areas offered by the groups.

Below are the groups I will be offering for the 2016-2017 school year.

**"Changing Families"**- This group is for students who have experienced (or are experiencing) a **recent** death in the family, a divorce, a separation, a remarriage, or blended families. Parents will be contacted periodically to discuss each child's progress.  
(late Sept. – Oct.)

**"Emotion Manager"** - This group is designed to assist children in developing strategies to help them understand their feelings and put them in perspective so they can better relax, cope, learn and have fun with friends. The child who might benefit from being in this group may worry a lot, may show a great deal of resistance to try new experiences, may often seem anxious, and/or have a lot of fears. Children who exhibit one of the above, or a combination, can develop understanding and coping strategies in a fun, safe environment. (mid. Oct.- Nov.)

**"Friendship Factors"** –This group is designed for students to work on advanced social skills. The group will focus on topics such as learning how to be a leader as well as a follower, how to handle rejection well, how to handle peer pressure, how to be assertive, and how to be aware of our own behaviors that can interfere with friendships. Nov. – Jan.).

**"Stress Buster"** - In this group, children complete self-reflection exercises in order to identify their sources of stress and their existing abilities for coping with stress. The child who may benefit from participating in this group may put pressure on him or herself to be perfect, may worry a lot, or may not accept disappointment well. This group will teach children stress reduction and relaxation exercises, and cognitive strategies to help cope with their fears. (mid. Jan – Feb.)

**"Don't Lose your Cool!"**- This group is for students who need assistance with anger management. The students will learn constructive techniques and strategies to deal with their anger. (March – April)

**"Being the Best Me"** - This group is for students who need assistance in building a stronger self-image. (May - June).

The groups will be composed of 5-6 students (of similar ages) that will meet for 6 sessions during a coordinated time with the teacher. The above time frames are approximate. Our meeting format will include discussion and activities. Progress notes will be sent home at the completion of each group.

If you have any questions, feel free to contact me.

Sincerely,

Kim White  
School Counselor, M.A.  
632-0960 ext. 5020  
[kwhite@robbinsville.k12.nj.us](mailto:kwhite@robbinsville.k12.nj.us)

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## GROUP PERMISSION FORM

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

**Students can be signed up for as many groups as appropriate, the only exception is Changing Families and Emotion Manager which will overlap time frames, so they can only be in one or the other of those 2 groups.**

\_\_\_\_\_ I would like to have my child participate in “**Changing Families.**”(late Sept.– Oct.)  
\_\_\_\_\_ Divorce/Separation/Remarriage \_\_\_\_\_ Death in family

\_\_\_\_\_ I would like to have my child participate in “**Emotion Manager.**” (mid. Oct. – Nov.)

\_\_\_\_\_ I would like to have my child participate in “**Friendship Factors**” (Nov. – Jan.)

\_\_\_\_\_ I would like to have my child participate in “**Stress Buster.**” (mid. Jan. – Feb.)

\_\_\_\_\_ I would like my child to participate in “**Don't Lose your Cool!**” (March – April)

\_\_\_\_\_ I would like my child to participate in “**Being the Best Me.**” (May - June)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone Numbers - Home      Work      Cell

\*\*\*Please indicate which number is best to reach you at.

\_\_\_\_\_  
Date

**\*Please return this form by Tuesday, September 20<sup>th</sup>.**

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