

234 Sharon Road

Robbinsville, NJ 08691

Telephone - 609-632-0960

Fax - 609-259-7506

www.robbinsville.k12.nj.us



S H A R O N
S C H O O L

Diane Mitchell 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 toward 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.

"My Family Has Changed"- 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.- mid. Nov.)

"Super Siblings" – This group is for students who have a sibling that is disabled or has special needs. The students will be discussing their feelings and experiences with others in similar situations. (late Sept.- mid. Nov.)

"Control Patrol" – This group is for students who need assistance with impulse control. The students will learn and practice good listening and impulse control skills. They will also learn the value of good impulse control. (mid. Oct.- Nov.)

"Friendly Friends" - This group is for students who need assistance with their social skills. The students will learn skills for meeting new friends and keeping the friends they have. (Dec. – Jan.).

"Be 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. (Feb. – March.)

"Marvelous Me!" - This group is for students who need assistance in building a stronger self-image. (April - May).

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,

Diane Mitchell
School Counselor, M.A.
632-0960 ext. 5019
mitchell@robbinsville.k12.nj.us

GROUP PERMISSION FORM

Child's Name _____

Teacher _____

_____ I would like to have my child participate in **“My Family Has Changed.”**(late Sept.– mid. Nov.)
_____ Divorce/Separation/Remarriage _____ Death in family

_____ I would like to have my child participate in **“Super Sibling.”** (late Sept. – mid. Nov.)

_____ I would like to have my child participate in **“Control Patrol.”** (mid. Oct. – Nov.)

_____ I would like to have my child participate in **“Friendly Friends”.** (Dec. – Jan..)

_____ I would like my child to participate in **“Be Cool!”.** (Feb. - March.)

_____ I would like my child to participate in **“Marvelous Me!”.** (April – May)

Parent/Guardian Signature

Telephone Numbers - Home Work Cell

Date

***Please return this form by September 20 , 2016**