



GROUP INTEREST FORM

Date: _____

Name: _____

Phone Number: _____ Okay to leave message: Yes ___ No ___

Email Address: _____ Okay to leave message Yes ___ No ___

Receives Outside Counseling Services? Yes ___ No ___
(If yes please complete a release of information form.)

Groups you have participated in previously: _____

(Guardian or Parent name) _____ gives permission for (student name) _____ to participate in a school counseling group. Both my child and I understand that this is a confidential group and issues discussed in the group will not leave the room. I also understand that the counselor will notify parents/guardians and/or administration should my child indicate that he/she is in danger, is being injured by someone else or intends to inflict harm on herself or others..

South Seneca Counseling Groups offered starting in **October will be based on interest level and student availability. Please check below the groups you are interested in. (Dates and times to be announced.) Groups typically run 1 time weekly during a lunch block for 8 weeks.**

- Living with Divorce
- Study Skills
- Actions & Consequences
- Social Skills