

*Oak Meadow Elementary School
7701 Silva Valley Parkway
El Dorado Hills, CA 95762*

Dear Parents/Guardians,

The mission of the counseling department at Oak Meadow Elementary School is to provide students with the skills needed to be successful in school and in life. Our goal is to support students in reaching their full potential. To address these goals, we offer a variety of small group counseling throughout the school year. Counseling services can also be requested by students, teachers and parents for individual counseling when a need arises, that may occur one time or multiple visits.

The groups will meet for approximately 8 sessions, once a week, for 30 minutes. The specific meeting time will be arranged based on the teacher's recommendation. Students will be responsible for any work missed during the meetings. The goal of the group is to allow children to grow and learn from other students within a small group experience. The groups provide students with an opportunity to learn about themselves and develop skills for building positive relationships with others.

Participation in counseling is voluntary and confidential. Because counseling is based on a trusting relationship between the counselor and the student, all information shared is kept confidential except in certain situations in which there is an ethical responsibility to limit confidentiality. If a student reveals information about being hurt or hurting himself/herself or another person, confidentiality will be broken to ensure the child's safety.

If you have any questions or concerns, please feel free to contact Leslee Long, the Oak Meadow Elementary School Counselor at 933-9746 ex. 1063 or email: LSpencer-Long@buckeyeusd.org.

I give permission for my child to visit the school counselor,

Please select the topic of focus below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Friendship | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Separation/Divorce |
| <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Internet Safety | <input type="checkbox"/> Impulse Control |
| <input type="checkbox"/> Life Skills (5 th grade girls) | <input type="checkbox"/> Bully Blockers | <input type="checkbox"/> Thriving with ADD/ADHD |

X _____

Parent/Guardian Signature

Date

Please PRINT the following:

Student Name

Date

Teacher Name