Every student, every day. Prepared. Motivated. Challenged.

Subil Healu Assistant Principal Kim Wolfe

is

Dear Parent/Guardian,

Your student has been nominated to participate in a 10-week group counseling program through a program called "Warrior Club" facilitated by Exist to Intervene and Clay Rojas. This program uses a curriculum called Love Notes, which is published by the Dibble Institute. The group will target areas of goal setting, accountability, resiliency, character building, strong leadership and strengthening family bonds. These skills align with our school mission of empowering students to develop personal and social skills for the 21st century and support the goal of Adelante graduating students with the transferable skills of being a productive citizen.

Small group counseling is an excellent way for students to develop self-awareness and work on character traits by practicing new behaviors that will help them better understand how to effectively deal with real life issues that life presents. We have found that when we work with students in small groups, they gain support from each other and build a bond in which they become each other's healthy support system.

The group counseling program is scheduled to meet weekly from 10:30am-11:15am (during 4th Period in Room 17 starting in January. Please understand that participation in the group is completely voluntary and student confidentiality is addressed and respected. The exception to this is our legal and ethical responsibility to take appropriate action in the case of an individual intending to do harm to self or others. In order for your child to participate in this group, parental consent is required.

I give consent for my student to participate in the counseling group. I understand that participation i completely voluntary and that instructional requirements take precedence over group participation I have previewed the Love Notes curriculum and understand the units that will be discussed with my	
student.	
Student Name:	_ Date:
Parent/Guardian Name:	
Parent/Guardian Signature	_ Date:

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