Dear parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Our program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ offers group prevention for our students. Group prevention is offered to students to support and enhance the development of personal and social skills and to support and promote educational success. Small groups provide not only additional social-emotional learning experiences but also allows the students a chance to belong, a chance to express themselves, and a chance to benefit from the support of group members.

In an effort to help students be successful both academically and personally, our program is conducting a group to assist students who may be struggling. The curriculum is titled “WhyTry” and is designed to help motivate and give students the tools to be successful in school and in life. Students were elected based off of teacher referrals.

The group will begin meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Students will participate in this group during class time and will meet for \_\_\_ sessions with approximately \_\_\_\_ minutes for each session. Attendance is mandatory for all sessions. There will be student surveys for pre/post data collection to aid us in evaluating the effectiveness of this program.

Parent permission is required for a student to participate in the group. Please return the bottom portion of this letter to your child’s teacher. I will be happy to answer any questions you might have. You may reach me by calling the school.

Sincerely,

**Permission for attending “WhyTry”**

* I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my student to participate in the “WhyTry” group.
* No, I do not want my son/daughter to participate in this group, and I am currently working with my son/daughter’s teachers and/or counselor regarding my student’s struggles.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date