**West Powellhurst Elementary Counseling Department**

**Changing Families Group**

Dear Parent or Guardian,

West Powellhurst Elementary is offering a small group counseling experience that will focus on families and how they grow and change. We believe your child or children have been experiencing changes within their family, and we’d like to support him/ her as they navigate their new role(s). This small group can provide a safe and confidential space to

explore what feelings your child(ren) may have, give ideas, and build support. It is our hope that this group will enhance your child’s social and emotional success here at school, as well as at home.

We know that many of you already talk with your child about your family and values. Our intent is to provide additional support, information, and opportunity.  We hope to connect your child with others who are experiencing similar changes in their family.

The group would consist of 8 first and second grade students; it would be 30 minutes once a week. It will begin after Spring Break and run for six weeks. The group will be led by School Counseling Intern, Stephanie Graupmann, under the supervision of Professional School Counselor Abby McKinnon. Stephanie is a Masters Candidate in School Counseling at Portland State University who plans to graduate this Spring.

If you do NOT wish for your child to participate, please let us know by signing and returning the form below to Mrs. McKinnon or Ms. Graupmann by April 3rd. If you have additional questions or would like to provide further information regarding your child’s specific needs, please contact Stephanie Graupmann at 503 256 6500 x5060 (Tuesdays

and Wednesdays) or stephanie\_graupmann@ddouglas.k12.or.us.

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I do NOT wish for my child to participate in the Changing Family Group led by School Counseling Intern Stephanie Graupmann.

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_