November 19, 2019

Dear Parent(s),

Arlington County Public Schools mission is to ensure all students learn and thrive in a safe, healthy, and supportive learning environment. Good decision making is one of the most important life-skills for a youth to learn and follow. To assist your child in making the most positive life choices, the Williamsburg staff will be implementing a 10-week, research-based prevention group, which will begin on Thursday January 16, 2020. The group will focus specifically on 8th grade students, as they prepare for their transition to high school. To have minimal impact on their academics, the group will meet each Thursday during your child’s lunch period. They will have the opportunity to retrieve their lunch, then they will meet in room 203. The group will be facilitated by Jenny Sexton, Substance Abuse Prevention Coordinator, and Dwayne Eason, Resource Assistant.

It is important to note the following information: what the students disclose within the sessions is confidential, except when disclosure is required by law. We may have to disclose in the following circumstances:

* When there is reasonable suspicion of harm or neglect
* When your child presents a danger to him/herself or others
* When the courts order us to disclose information

If you agree with your child’s participation in this group, please sign the permission slip below and return it to Ms. Sexton or Mr. Eason, as soon as possible. If you have questions, please contact Ms. Sexton at 703-228-2441. Thanks for your support.

Sincerely,

Jenny Sexton, MA, CSAC, FAC , QMHP Dwayne Eason

Prevention Coordinator, Williamsburg Middle School Instructional Assistant

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

RETAIN TOP PORTION FOR YOUR RECORDS

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be in group counseling during the day

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_