Dear Parent or Guardian,

Your child has been selected to join an adolescent prevention program called Teen Intervene at Imlay City High School. This free service provides one on one sessions that are facilitated by a Clinical Social Worker during the school day. After an initial assessment is completed, students may be seen several times throughout the school year to work on identified goals. Parents and guardians can choose to be part of this process and may contact the Clinical Social Worker, Mr. Ryan Smith. The overall goal of the program is to address the wellness of your student academically, socially, and emotionally.

Based on individual needs, topics may include:

* Managing anger in appropriate ways
* Depression
* Improving self-esteem
* Traits of healthy relationships
* Coping with stress
* Avoiding risky behaviors
* Help with transitions and flexibility

Your student will be pulled down during one period of their schedule each week with the class being rotated each week. Students will be responsible for any missing work. In addition, intervention or prevention work will be tailored to the unique traits, and identified needs of the student.

If you give permission for your child to participate, **please complete the back of this form and return it to the school’s counseling office as soon as possible.** If you have any questions, please contact me by email at jle@icschools.us. You may also contact Ryan Smith at 810-667-0243, or by email at rsmith@lapeercounty.org.

Respectfully,

John Le, MA, SCL, LLPC, NCC

Counselor M-Z

810-724-9807

Signature of Consent:

By signing this form, I give my student permission to participate in the Teen Intervene program which is held during school hours. I understand that my student will be responsible for any missing work during the time they are participating in the Teen Intervene program.

Circle one: YES / NO

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

Student’s grade (circle one): 9th 10th 11th  12th

Parent/guardian printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s email address or phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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