

Figure 5.8 Active Consent Form Sample

Dear Parent/Guardian:

ABC School District's Counseling Program emphasizes the importance of academic, social/emotional and college and career development for every student. Your child has been given the opportunity to participate in a small group to improve academic skills. Students have been chosen to participate in this group based on progress report card data, which indicated that they received at least two "Needs Improvement" in the Work Habits/Social Skills area of the report card.

The topics that will be included in the small group are:

- Following directions
- SMART goal setting
- Time management
- Organizing self and material
- Completing classwork
- Completing homework

The group will meet once a week for eight weeks for approximately 30 minutes each session. The counselor will lead the students in lessons and reinforcing activities.

Please understand that participation in the small group is completely voluntary and student confidentiality is addressed and respected. Please contact me at 000-000-0000 or by email at [firstlastname@schooldistrict.org](mailto:firstname.lastname@schooldistrict.org) if you have questions or desire further information.

Please return no later than [DATE]

Sincerely,
[NAME]

___ **I give consent** for my child to participate in the small group. I understand that participation is completely voluntary and that classroom requirements take precedence over participation.

___ **I do not give consent** for my child to participate in the small group.

Date: _____ Student Name: _____ Teacher: _____

Parent Email: _____ Parent/Guardian Signature: _____
