Greetings!

In an effort to address the ever changing social-emotional needs of our student body we are incorporating a series of outside resources surrounding a variety of topics that students have indicated they would like support with. Each year a student survey is given to either all or a portion of our student body. Based on that feedback, we identify topics or concerns that are most relevant to our student body at that time. We then reach out to local organizations and providers to connect them to our school and provide support groups and informative sessions surrounding these topics.

Students are invited to participate in these groups, during their flex time, based on either answering “yes” to wanting support in that area on the student survey, teacher/counselor recommendation, or parent request. Students are not required to participate and parent permission is required. There is no cost associated with this program and there is no loss of educational time as it is held during flex time, not class time.

You are receiving this letter because your student has been invited and has indicated that he/she would like to participate in our Grief and Loss support group. This can be loss of a friend, family member, classmate or may even be the loss of parent due to estrangement, incarceration, or divorce. Grief and loss comes in many forms and from many roots.

By signing below, you are agreeing to allow your student to participate in this group. The group is confidential, however if there is a concern about the student including their health and safety or the health and safety of others, you will be notified.

If you have any questions, please let me know!

Sincerely,

Paige C. Wrecke

School Counselor/ AP Coordinator

[wreckpa@masd.k12.wi.us](mailto:wreckpa@masd.k12.wi.us)

I give my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the above mentioned support group.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_