

Scituate High School
606 Chief Justice Cushing Highway
Scituate, Massachusetts 02066



Dear Parent/Caregiver:

Your child, _____, Grade _____ has been recommended to participate in an educational support group called *Project Connect* offered at Scituate High School. The seven week group will be facilitated by Brooke Morgan from Caron Student Assistance Program and assisted by a SHS Graduate School Intern. This is not a consequence of your child's behavior, but rather a supportive opportunity designed to empower students with the tools necessary to make more positive choices. The group will address adolescent issues pertaining to difficult decision-making, self-esteem, stress management, resiliency and goal-setting. The group will begin in late fall, and will meet weekly during third lunch and H Block on Thursdays. Your child may miss some academic classes in order to participate in this group and will not be penalized. However, your child will be responsible for obtaining and completing any missed school work. The group is a positive addition to your child's school day.

If you feel that your child may benefit from this group and give permission for the reciprocal exchange of information between Scituate High School and Brooke Morgan, please sign below and return to Jen Lopes, School Adjustment Counselor (jlopes@scit.org). Please feel free to call 781-545-8750 x 102 with any questions or concerns.

Sincerely,

Jennifer L. Lopes, LICSW
School Adjustment Counselor

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I give permission for my child, _____, to participate in a seven week nicotine cessation support group as described above.

Parent/Caregiver Signature

Date