

VOICES- MS Girls Empowerment Group 2016

I, _____, give permission for my
(Parent/Guardian)

child, _____, to participate in VOICES held at Waynesville Middle School and facilitated by Kazi McDowell from Solutions Community Counseling and Recovery Center and Ms. Joefreda, school counselor grades 6-12. My child and I are aware of the expectations listed below and I understand that this group will be held every week after school from 2:35-3:30pm. The Voices Program will meet on TUESDAYS on the following dates:

February 9th, 16th and, 23rd
March 1st, 8th, 15th and, 22nd
April 5th, 12th, 19th and, 26th

Also, please note the following expectations:

1. If your child does not attend VOICES, we will notify you at the end of each group by telephone.
2. Participants are expected to abide by confidentiality to ensure they feel safe sharing their thoughts and concerns. We ask that participants do not share information that others shared during group; however, they are allowed and encouraged to share their own experiences with you about group. If your child is unable to maintain confidentiality, she will be asked to leave group.
3. Participants are asked not to take pictures during group as we would like to respect the privacy of each girl.
4. Participants are responsible for their own transportation.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Bus # _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Over---

The subjects covered will include:

Who Am I?
Self-Esteem
Healthy/unhealthy relationships
Power and Control
Communication skills/Styles
Good Friends
Setting Boundaries- Saying “NO”
Body Image
Healthy Choices
Addictions
Stress
Physical and Emotional Wellness

Each girl will need a journal for activities that require writing.
It can simply be a single subject note book.

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