

Spring-Ford Intermediate School  
STUDENT ASSISTANCE PROGRAM  
833 South Lewis Road  
Royersford, PA 19468

Dear Parents:

This school year, Spring-Ford Counseling Services, in cooperation with the 5/6 Center Student Assistance Program (SAP), will be providing skill building support groups. These groups are designed to provide supportive interventions to increase students' coping skills and are completely voluntary. The groups are not designed to be therapy groups.

The groups offered this fall will be **Growth Group** (a group to help students build friendship skills, self-esteem, and/or anger management skills), **Changing Families** (a group for students struggling with their parents' divorce/separation), and **Grief Group** (a group for students struggling with the recent loss of a parent or close relative). Groups will meet once a week for 6 to 8 weeks. If possible, your child will be scheduled for group during his/her FLEX period at the end of the school day so as not to miss major academic subjects. However, in some cases, students may have to miss class time to participate. We will try our best to ensure that all interested students are able to participate in at least one of the group sessions.

The SAP team and Spring-Ford Counseling Services are able to provide these groups through a contract with the State of Pennsylvania and Montgomery County Prevention Programs. The state requires Spring-Ford Counseling Services to provide certain demographic information (i.e., first name, last initial, birth date, and race) on group participants in order to evaluate the effectiveness of the services. Spring-Ford Counseling is asking this information from you, not from the school. If you choose not to provide this information, please leave the areas below with an asterisk (\*) blank.

The SAP team is pleased to be able to provide this support to our students. If you and your child are interested in your child's group participation, please complete the bottom of this form and have your child return it to the main office.

If you have any questions, feel free to call Mrs. Dallahan or Mrs. Fleisher, our SAP team school counselor representatives, at 610-705-6111.

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My child and I have reviewed the above information about the support groups and my child has decided to sign up for the following group(s): **(If requesting more than one group, please note first and second choice.)**

\_\_\_\_\_ GROWTH GROUP      \_\_\_\_\_ CHANGING FAMILIES      \_\_\_\_\_ GRIEF GROUP

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
(PLEASE PRINT)

Age: \_\_\_\_\_ \*Birth Date: \_\_\_\_\_ \*Race: \_\_\_\_\_

\_\_\_\_\_ I am aware that Spring-Ford Counseling may share information about my child with the 5/6 SAP Team.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\_\_\_\_\_ Yes, I am also interested in receiving information on parenting workshops.