



Prevention Services

Dear Parent/Guardian,

Your child has been invited to participate in the *Living Skills* program!

Through a variety of activities and games, your child will build new connections with peers and learn important life skills. This small group of 6 to 8 youth will meet weekly for 10 weeks. The lessons last for one hour and are held during the regular school day or as part of an after school program. Topics covered include:

Cooperation	Problem Solving
Feelings	Healthy Friendships
Valuing Differences	Managing Stress

If you would like your child to participate, please complete the back of this form and return it with your child by the first day of the program.

I am looking forward to having your child in group!
If you have any questions, please contact me at the number below.

Sincerely,

Living Skills Facilitator
(801) 364 – 0744 x123

Frequently Asked Questions

Why was my child chosen?

A teacher felt that your child would benefit from the skills taught and would be a positive addition to the group dynamic. Participation in the program is voluntary; it is not punishment for bad behavior and does not necessarily mean there is a problem at school.

Is this a therapy group?

No, *Living Skills* is not a therapeutic group. This life skills program promotes health and positive youth development. A trained facilitator, not a therapist, runs the group.

Will this program get in the way of my child's schoolwork?

No. When the program is held during school, the facilitator works with teachers to ensure the group meets at an appropriate time and your child stays on track in class. In addition, research shows that many of the skills taught in group support students' academic success.

Living Skills Parent/Guardian Consent Form

To enroll your child in the group, complete all sections of this form and sign and date on the lines. Your child's personal information will not be shared with anyone. Please return this form with your child by the first day of the program.

Child's Name	Age
School	Grade
Race/ Ethnicity (please select all that apply) <input type="checkbox"/> Native American/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Write in: <input type="checkbox"/> Hispanic/ Latino (of any race)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Write In:

I, _____, hereby give my informed consent for my child to participate in the Volunteers of America, Utah *Living Skills* Program and its related activities. I understand that this program is voluntary, and that my child is not required to participate. I understand that my child may be pulled from their classroom during school hours for group lessons. I give permission for my child's teacher, school counselor, and/or program coordinator to complete a pre and post survey about my child's progress in the program. I understand that my consent can be withdrawn at any time by notifying the group facilitator at the number on the front of this form and that my consent will expire when the program ends.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Email: _____

If you or your child have a complaint about the services provided, you have the right to file a grievance with the Director of Prevention Services (801) 364-0744 x122.