Dear Parents/Guardians,

Riley Upper Elementary is offering a variety of support groups this year to help meet the various needs of our students. Support groups offer students an opportunity to share and discuss issues openly with peers who often have similar concerns and life experiences. The groups are designed to be supportive, short-term, and developmental.

Groups are small, confidential, and facilitated by Catherine Torrento, ESAP (Elementary Student Assistance Provider). The groups meet no more than once a week during lunch and recess and meet approximately four to six times. Groups will be offered during the school year based on need and demand. Please feel free to contact Catherine Torrento ESAP, at (734)744-2680 ext. 39120 or ctorrent@livoniapublicschools.org.

**Counseling Group Descriptions:**

**Mindfulness Group** This group is for students who need some help with organization, impulse control, and focus.

**Grief & Loss Group** This group is for students who have experienced the loss of a close family member or friend.

**Friendship Group** This group will explore issues and situations that many students experience in and out of school with peers. Possible topics may include academic success, anxiety, conflict management, friendship, peer pressure, self-esteem, and stress. Students will participate in icebreaker and team building activities. They will also explore problem solving skills and making positive choices.

**Anxiety & Stress Management** This group is for students who experience stress and feel anxious. Students will develop coping skills that can be applied in a school setting and at home.

If you would like your student to be eligible to participate in a group(s) complete the following form and return it to the Main Office by **Friday, November 8th**. Indicate the group(s) that you would like your child to be eligible to participate in:

- ___Mindfulness
- ___Grief & Loss
- ___Friendship
- ___Anxiety & Stress Management

Student’s Name ________________________________________________________________

Parent / Guardian Signature: ___________________________________________ Date: _________