Dear Parents/Guardians,

Thank You

Nelson Ridge School is pleased to offer a Family Changes Group to our students. The purpose of this group is to help students understand their feelings related to recent, significant changes in their lives. These changes can include, but are not limited to: divorce, separation, the death of a relative, a move to a new home or school, etc. It will be a fun group, but also will teach the children coping skills. The group meets three times a month for about 20 minutes during lunchtime. The group will be about 8 weeks long.

Your child was recommended for this group by yourself or was in a similar group last school year. If you are interested in your child participating in this group, please complete and return the bottom portion below.

Should you have any questions or concerns, please contact me by email at nfoley@nlsd122.org or 815-462-2870.

main roa,	
Nida Foley	
Nelson Ridge Social Worker	
Nelson Ridge Family Changes	
Student Name:	
Homeroom:	
YES, I give permission fo Group at Nelson Ridge School.	r my child to participate in the Family Changes
NO, I do NOT give permiss Changes Group at Nelson Ridge	sion for my child to participate in the Family School.
Parent Signature	 Date