Southern NH Services, Inc. –Child Development Program

Social Skill Group Permission

Child Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that:

* + Group will be provided by a Social Work student, from UNH School of Social Work who is and supervised by Dawn Varney, LICSW, Licensed Social Worker for SNHS, Inc.
  + Information will be shared with Dawn Varney, LICSW, as part of this supervision
  + These services are strictly voluntary and families may end these services at any time, I will inform the social work intern and/or Dawn Varney of my wishes, if I chose to discontinue services.
  + These services will meet confidentiality which have been explained to me at enrollment by SNHS, Inc. staff.
  + Groups may be held outside my child’s classroom, in a classroom or resource room as available.
  + Facilitator’s will sign my child out of the classroom during the group time. My child will be in the care of the facilitators during this time. Program staff will support as needed.
  + I can ask any questions of the social work intern and/or Dawn Varney, LICSW and have been provided with contact information.

I have received information about the social skills group and feel comfortable with my child’s participation.

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Guardian name

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Guardian signature Date

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Witness Date