

Felicia A. Smith
Program Director

TaShonda A. Jefferson
Community Liaison

Monique DeVries & Shateela Hill
Education Specialists

October 14, 2020

Urban-Suburban Support Group Guardian Permission Form

Dear Parent/Guardian,

_____ has registered to participate in the Urban-Suburban Student Support Group
(Student's Name)
that Shateela Hill and Chiamaka Ikpeze will facilitate this year. Starting Wednesday, October 28, 2020, the group will meet once a month via Zoom. Meetings will be held the last Wednesday of every month from 6-7pm. The group will be working on achieving the following goals:

- Establish community among students in the Urban-Suburban program
- Establish a safe space where students can be validated and supported in their experiences
- Provide an equity based social-emotional learning curriculum and skill development
- Provide developmentally appropriate historical knowledge on challenges relevant to students' experiences.

To maintain the sense of safety and community established every session, all information shared by your child is kept confidential. The only time this is not the case is if a student reveals information about hurting themselves or another individual. **Please return completed form to Shateela Hill @ shateela_hill@boces.monroe.edu**

Sincerely,

Shateela Hill, M.S
Education Specialist
Urban-Suburban Interdistrict Transfer Program
Monroe #1 BOCES
11 Linden Park
Rochester, NY 14625
(585) 249-7051 (*direct*)

By signing this form, I give informed consent for my child to participate in an Urban-Suburban Student Support Group. I understand that:

1. The Urban-Suburban Support Groups have both supportive and psychoeducational goals.
2. Anything group members share in group will remain confidential except in the above-mentioned instances.

Guardian's Signature: _____

URBAN-SUBURBAN INTERDISTRICT TRANSFER PROGRAM