



Listen to Children Parent/Guardian Consent



Dear Parent or Guardian of _____,

We have selected your child to participate in a mentoring program called Listen to Children. This program matches your student with an adult who will spend 30 minutes per week, on school grounds, developing self-esteem, promoting a positive attitude toward school, encouraging positive choices, increasing social skills and talking about other issues that may be affecting your child's success. We feel your child will benefit from the attention given by this positive role model who is trained in effective listening and has completed security procedures. For more information, please read the information sheet, *Listen to Children for Parents/Guardians*. This program is sponsored by Mental Health America of Southeast Florida in partnership with Broward County schools since 1979.

Your approval, support, and enthusiasm will greatly increase your child's success in this program. Listeners are in demand so please sign and **return the attached permission slip right away**. If you have any questions about this program, please contact me. Thank you for giving us the opportunity to enhance the self-confidence of your child.

Since there are a limited number of Listeners, one may not be immediately available. New Listeners are trained every month. We'll try to assign one to your child as soon as possible.

DATE

SCHOOL COUNSELOR SIGNATURE

PLEASE COMPLETE AND RETURN THE FORM RIGHT AWAY.

Since other children have also been selected, don't let your child miss out on his/her chance. Hurry!

LISTEN TO CHILDREN PARENT/GUARDIAN PERMISSION SLIP

(Please complete ALL information below.)

Child's Full Name: _____ **Date of Birth:** _____

School: _____ **Grade:** ____ **Teacher:** _____

Demographic Information: Black/African American ____ Caribbean ____ White ____

Hispanic Latino/Spanish origin ____ Asian American or Pacific Islander ____ Multi-Racial ____

Sex: Male ____ Female ____

I _____ (Parent /Guardian) give my child permission to participate in the Listen to Children Program. I understand that a trained Listener volunteer will meet with my child each week for 30 minutes. Information that my child shares with the Listener will remain confidential. This permission may be retracted at any time either by my notification or upon the request of my child.

Check one: ____ Parent ____ Guardian

Signature: _____ **Date:** _____