



## Listen to Children Parent/Guardian Consent

Dear Parent or Guardian of \_\_\_\_\_,

We are pleased to inform you that your child has been selected for participation in a mentoring program called Listen to Children. This program matches your student with a caring adult who will spend 30 minutes per week, on school grounds, developing self-esteem, promoting a positive attitude toward school, encouraging positive choices toward school, increasing social skills, and talking about other issues that may be affecting your child's success. This Listener mentor has completed required training and security procedures. We feel your child will benefit from the attention given by this positive role model who is trained in effective listening skills. For more information, please read the information sheet entitled *Listen to Children for Parents/Guardians*. This mentoring program is sponsored by the Mental Health Association 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 concerning 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 been selected, too, don't let your child miss out on his/her chance. Hurry!

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**LISTEN TO CHILDREN PARENT/GUARDIAN PERMISSION SLIP**  
**(Please print information below.)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Demographic Information: Black/African American \_\_\_ Carribbean \_\_\_ White \_\_\_

Hispanic Latino/Spanish origin \_\_\_ Asian American or Pacific Islander \_\_\_ Bi-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: \_\_\_\_\_

School Counselor: What Listener will be assigned to this child? \_\_\_\_\_

Scan and e-mail completed form to helen@mhasefl.org. Fax to MHA at (954) 746-6373 Pony to Banyan Elementary: LTC (Please make copies for your records.)