Date

Name of school or organization is inviting your youth to participate ina support group focusing on the development and practice of social, emotional, and coping skills they can use both now and in the future.

This *Curriculum-Based Support Group* (*CBSG*®) *Program* is an effective model program developed by Rainbow Days, Inc. utilizing the curricula adaptation, *Youth Connection.* The goal of *Youth Connection* is to provide a safe, nurturing environment for 6 to 12 youth who are led by a trained Facilitator. The Facilitator guides group participants through a series of discussions and activities designed to help them learn and apply the knowledge, attitudes, and skills needed to resist negative peer pressure, set, and achieve goals, cope with difficult situations, and make healthy life choices.

Participants learn through self-discovery and each other they are not the only ones with difficulties or challenges, and it is okay to ask for help. The healthy life skills they learn and practice have been proven to improve relationships, increase attachment to school, increase motivation to learn, and prevent alcohol and other drug abusing behaviors.

The *Youth Connection* group will be held virtually or at name of school/organization from month and date to month and date for a total of \_\_\_\_\_\_ sessions. The Session Topics, Overview, and Major Messages are attached.

**Your permission may be given in writing by signing below, or verbally.**

**Consent is needed by: Month, Day, Year**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_**

**OR**

**Verbal Consent By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_**

**For questions or more information please contact us:**

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We look forward to hearing from you soon.

Sincerely,

*Signature*

Title