Township of Ocean
Department of Human Services
601 Deal Road • Ocean, NJ 07712 • 732-531-2600

All Star Attention Group!

Parent Information:

The purpose of the All Star Attention group is to help youth develop coping strategies and skills to improve organization, behaviors, relationships, and self-esteem. This group will provide a safe and positive atmosphere for youth to discuss personal experiences and provide other peers with feedback, encouragement, and support. Information related to the topics explored in group will be available for each group member to share with his or her parent at home.

To register, please call Jennifer Appio at 732-531-2600

- The All Star Attention Group is a 6 week group for 3rd and 4th grade youth.
- Group will meet on Tuesdays from 4:00-5:00pm and will begin **November 8, 2016**
- There is a $90 non-refundable fee for residents of Ocean Township.
- There is $150 non-refundable fee for non-residents.
- Each week your child will be given a home practice sheet to complete and be returned to the group the following week for discussion. Completion of the home practice sheets will be important in reinforcing the skills they have learned in group, promoting success outside the group.
- Each child will have a take home folder, where they will store any handouts and activities provided during group. Please ensure that your child brings this folder to group each week.
- **Consistent attendance is integral to effective treatment and the group process. It is essential that your child attends all group meetings to the best of their ability. If for some reason your child will be arriving late (no more than 10 minutes) to group or will be missing a session, we ask that you call this agency and provide notice.**

Participation in this group DOES NOT CURE issues with attention, ADD or ADHD. This group is intended to provide psycho education, in addition to effective tools and strategies to cope with attention challenges. If you feel that your child would benefit from ongoing counseling services, please speak to the counselor privately.

I _____ parent of _____ have reviewed and agree to all the above information and consent to my child's participation in All Star Attention group.

_____ _____
Parent Signature Date

_____
Ashley Egleston, BA
Group Facilitator