

**Small Group Counseling Title/Theme:** Missing You

**Grade Level(s):** K-2

**Small Group Counseling Description:** This group is for studentren who are experiencing problems with the death of a loved one. Studentren will learn the stages of grief, discover what supports can help, learn to say goodbye, label feelings, learn coping strategies, and share memories. The group will be reading books and making a pillowcase about the loved one in order to help cope with the loss.

**Number of Sessions in Group:** 6 Sessions plus an Optional Follow-Up Session

**Session Titles:**

[Session # 1: Getting to Know You](#)

Materials needed

Pillow Case

Markers

Cardboard

[Small Group Counseling Guidelines](#)

[Teacher/Parent/Guardian Small Group Follow-Up](#)

[Session # 2: Facing Feelings](#)

Materials needed

Pillow Case

Markers

Chart paper

Cardboard

Book about death/dying/grief and/or feelings

Puppet

[Teacher/Parent/Guardian Small Group Follow-Up](#)

[Session # 3: Stick By Me](#)

Materials needed

Pillow Case

Markers

Cardboard

Old Crayons

Popsicle sticks

Chart Paper

[Teacher/Parent/Guardian Small Group Follow-Up](#)

[Session # 4: Skill Builder](#)

Materials needed

Pillow Case

Markers

Cardboard

Cut out [Skill Builder Strategy Strips](#)

Cup/Bag

[Teacher/Parent/Guardian Small Group Follow-Up](#)

Session # 5: Memory Maker

Materials needed

- Pillow Case
- Markers
- Cardboard
- Tape recorder or CD player with the selected song about memories ready to play.

[Teacher/Parent/Guardian Small Group Follow-Up](#)

Unit Assessments (attached to the Unit Plan)

[Teacher Pre-Post-Group Perceptions Individual Student Behavior Rating Form](#)

[Teacher Feedback Form: Overall Effectiveness of Group](#)

[Parent/Guardian Cover Letter](#)

[Parent/Guardian Feedback Form: Overall Effectiveness of Group](#)

Session # 6: Bring It Full Circle

Materials needed

- Pillow Case
- Markers
- Cardboard
- Lists from previous groups
- Snacks

[Teacher/Parent/Guardian Small Group Follow-Up](#)

[Student Feedback Form: Overall Effectiveness of Group](#)

[Certificate of Completion](#)

Post Small Group Follow-Up Session (Optional)

8 ½ x 11 paper for each participant; crayons/markers/pencils

Alternative Procedure: [Follow-Up Feedback Form for Students](#).

**Missouri Comprehensive Guidance Strand/Big Idea:**

PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

NOTE: The overall purpose of the MCGP small group counseling units and sessions is to give extra support to students who need help meeting specific Comprehensive Guidance Program Grade Level Expectations (GLEs). This small group counseling unit provides a "shell" that allows you to personalize sessions to meet the unique needs of your students. Your knowledge of the developmental levels, background knowledge and experiences of your students determines the depth and level of personal exploration required to make the sessions beneficial for your students.

**Show-Me Standards: Performance Goals (check one or more that apply)**

<b>X</b>	Goal 1: gather, analyze and apply information and ideas
	Goal 2: communicate effectively within and beyond the classroom
<b>X</b>	Goal 3: recognize and solve problems
	Goal 4: make decisions and act as responsible members of society

### **Outcome Summative Assessment: acceptable evidence of student achievement**

**Summative assessment relates to the performance outcome for goals, objectives and (GLE) concepts. Assessment can be survey, student sharing, etc.**

#### **Perceptual Data Collection:**

The following end-of-group perceptual data collection forms will be used as a part of session four and five; the forms are attached to the Unit Plan:

#### Classroom Teacher Assessment:

- The classroom teacher will complete the [\*Teacher Pre-Post-Group Perceptions Individual Student Behavior Rating Form\*](#) for each student before the group starts and after the group has been completed. The Professional School Counselor may consider making two copies of this form, one for the pre-assessment and one for the post-assessment, then entering all data on a final form for comparison.
- [\*Teacher Feedback Form: Overall Effectiveness of Group\*](#) will be given to teacher to complete at the end of the group unit.

#### Parent Assessment:

- [\*Parent/Guardian Feedback Form: Overall Effectiveness of Group\*](#) will be given to parents to complete at the end of the group unit.

#### Student Assessment:

- [\*Student Feedback Form: Overall Effectiveness of Group\*](#) will be given to students to complete at the end of the group unit.

#### **Results Based Data Collection:**

The Professional School Counselor will demonstrate the effectiveness of the unit via pre and post comparisons of such factors as attendance, grades, discipline reports and other information, utilizing the PRoBE Model (Partnerships in Results Based Evaluation). For more information about PRoBE, please visit the [Guidance and Placement section](#) of the Department of Elementary and Secondary Education website.

### **Follow Up Ideas & Activities**

#### **Implemented by counselor, administrators, teachers, parents/guardians, community partnerships:**

The Professional School Counselor will check in to see if students are using coping strategies and supports in order to deal with the feelings and emotions of losing a loved one.

Note to Professional School Counselor: The classroom teacher will complete Part 1 of this form before students begin their small group sessions. The teacher will complete Part 2 of this form after the group has been completed. This process will provide the school counselor with follow up feedback about individual students who participated in the group.

**SMALL GROUP COUNSELING  
 TEACHER PRE-POST-GROUP PERCEPTIONS  
 Individual Student Behavior Rating Form  
 (Adapted from Columbia Public Schools' Student Behavior Rating Form)**

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

DATE: Pre-Group Assessment \_\_\_\_\_ Date: Post-Group Assessment \_\_\_\_\_

Part 1 - Please indicate rating of pre-group areas of concern in the left hand column.

Part 2 - Please indicate rating of post-group areas of concern in the right hand column.

Pre-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW)	Student Work Habits/Personal Goals Observed <i>Colleagues, please help us evaluate the counseling group in which this student participated. Your opinion is extremely important as we strive to continuously improve our effectiveness with ALL students!</i>	Post-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW)
5	<b>Academic Development</b>	5
4	Follows directions	4
3	Listens attentively	3
2	Stays on task	2
1	Compliance with teacher requests	1
5	Follows rules	5
4	Manages personal & school property (e.g., organized)	4
3	Works neatly and carefully	3
2	Participates in discussion and activities	2
1	Completes and returns homework	1
5	<b>Personal and Social Development</b>	5
4	Cooperates with others	4
3	Shows respect for others	3
2	Allows others to work undisturbed	2
1	Accepts responsibility for own mis-behavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)	1
5	Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)	5
4	<b>Career Development</b>	4
3	Awareness of the World of Work	3
2	Self-Appraisal	2
1	Decision Making	1
5	Goal Setting	5
4	<b>Add Other Concerns:</b>	4
3		3
2		2
1		1

Note to Professional School Counselor: This form measures the teacher's perceptions of the overall effectiveness of the group. Teachers complete after the last session.

**SMALL GROUP COUNSELING  
 TEACHER POST-GROUP PERCEPTIONS:**

**TEACHER FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP**

One or more of your students participated in a small counseling group about \_\_\_\_\_. We are seeking your opinion about the effectiveness of the group e.g., students' relationship with the professional school counselor and other participants in the group and your observations of students' behavioral/skill changes (positive OR negative). We appreciate your willingness to help us meet the needs of ALL students effectively. The survey is anonymous unless you want us to contact you.

Teacher's Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Professional School Counselor's Name: \_\_\_\_\_

Small Group Title: \_\_\_\_\_

Before the group started, I hoped students would learn:

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While students were participating in the group I noticed these changes in their behavior/attitude

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**Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following**

What do you think?	5=High					1=Low
	5	4	3	2	1	
Overall, I would rate my students' experience in the counseling group as:	5	4	3	2	1	
Students enjoyed working with other students in the group.	5	4	3	2	1	
Students enjoyed working with the counselor in the group.	5	4	3	2	1	
Students learned new skills and are using the skills in school	5	4	3	2	1	
I would recommend the group experience for other students.	5	4	3	2	1	

**Additional Comments for Counselor:**

**Note to Professional School Counselor:** Send this COVER LETTER and parent feedback form home with students after session four.

**SCHOOL LETTERHEAD**  
**Comprehensive Guidance Program**

**Request for Feedback from Parents/Guardians.**

Small Group Counseling topic/title: \_\_\_\_\_

Student's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent,

I have enjoyed getting to know your student in our small group counseling sessions. Next week will be the last session for our group. During the group sessions we shared information related to a variety of topics. Below is a list of topics discussed during the group sessions.

Session 1: \_\_\_\_\_

Session 2: \_\_\_\_\_

Session 3: \_\_\_\_\_

Session 4: \_\_\_\_\_

Session 5: \_\_\_\_\_

Comments about your student's progress:

Attached is a feedback form. I would appreciate input from you about your student's experience in the small group. Please complete the attached *Parent/Guardian Feedback Form* and send the completed form back to school with your student by \_\_\_\_\_.

Thank you for your support and feedback. Please contact me if you have questions or concerns.

Sincerely,

Professional School Counselor

**Note to Professional School Counselor:** Send cover letter and parent feedback form home with students after session four.

**SMALL GROUP COUNSELING PARENT/GUARDIAN POST-GROUP PERCEPTIONS**

**Parent/Guardian Feedback Form**

Your student participated in a small counseling group about \_\_\_\_\_. Was this group experience helpful for your student? Following is a survey about changes (positive OR negative) your student made at home while participating in the group at school and since the group ended. The survey will help us meet the needs of ALL students more effectively. The survey is anonymous unless you want the school counselor to contact you. We appreciate your willingness to help us

Professional School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Small Group Title: \_\_\_\_\_

Before the group started, I hoped my student would learn  
 \_\_\_\_\_  
 \_\_\_\_\_

I've noticed these changes in my student's behavior and/or attitude as a result of participating in the group:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following**

What do you think?	5=High	4	3	2	1=Low
Overall, I would rate my student's experience in the counseling group as:	5	4	3	2	1
My student enjoyed working with the other students in the group	5	4	3	2	1
My student enjoyed working with the counselor in the group.	5	4	3	2	1
My student learned new skills and is using the skills in and out of school	5	4	3	2	1
I would recommend the group experience to other parents whose student might benefit from the small group.	5	4	3	2	1

**Additional Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Note to Professional School Counselor: This form measures the student's perceptions of the overall effectiveness of the group using the same questions as teachers' and parents answer on their feedback forms. Students complete during the last session (or the follow-up session if you have one). This form may be adapted and used at the upper elementary, middle school or high school level.

**SMALL GROUP COUNSELING  
 STUDENT POST-GROUP PERCEPTIONS:**

**STUDENT FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP**

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Professional School Counselor's Name: \_\_\_\_\_

Small Group Title: \_\_\_\_\_

Before the group started, I wanted to learn \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following**

What do you think?	5=High					1=Low
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1	1
I enjoyed working with other students in the group	5	4	3	2	1	1
I enjoyed working with the counselor in the group.	5	4	3	2	1	1
I learned new skills and am using the skills in school	5	4	3	2	1	1
If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"	5	4	3	2	1	1

**Additional Comments for the Counselor:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### SMALL GROUP COUNSELING POST-GROUP FOLLOW UP WITH STUDENTS

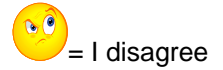
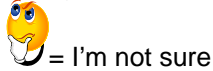
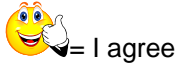
#### Level: Elementary Student Feedback Form

**Directions:** Please complete the Student Feedback Form after completion of the unit.

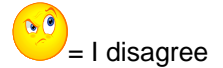
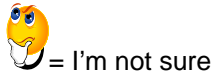
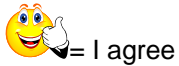
Name: \_\_\_\_\_ (optional) Date: \_\_\_\_\_

When I started the group, I wanted to learn \_\_\_\_\_ about  
(the topic of the group).

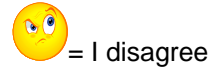
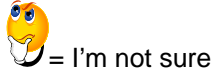
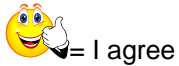
Instructions: Read each sentence. Put a circle around the face that shows how you think and feel right now about what you learned in the group.



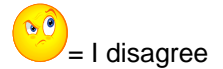
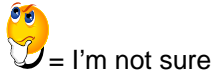
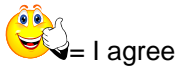
1. Overall, I enjoyed working in the group:



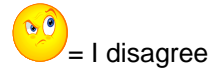
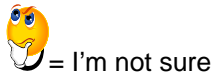
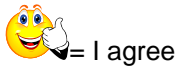
2. I enjoyed working with other students in the group



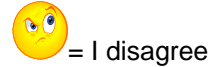
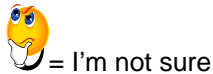
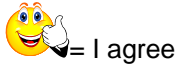
3. I enjoyed working with the counselor in the group.



4. I learned new skills and am using the skills in school.



5. If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"



**Additional comments you would like to share with the school counselor**

## POST-SMALL GROUP FOLLOW-UP WITH STUDENTS

(OPTIONAL SESSION scheduled 4-6 weeks after group ends)

Level: Elementary/Middle School/High School

**Note to Professional School Counselor:** *The Follow-up Session Feedback Form for Students may be used in several ways, e.g., as an alternative "Procedure" for the post-group follow-up session, as a discussion guide, or (if post-group follow-up session is NOT scheduled) as a guide for interviewing individual students 4-6 weeks after the group ends. Adapt as appropriate for developmental level of students.*

### FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: \_\_\_\_\_ (optional) Date: \_\_\_\_\_

#### Questions:

1. What specific skills are you practicing now that the group is over?
2. What was the most useful thing you learned from the group?
3. What could you use more practice on?
4. How are things different for you now?
5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
6. How are you keeping yourself accountable?
7. What suggestions do you have for future groups?
8. Circle your overall experience in the group on a scale from 1 → 5 \_\_\_\_\_  
1=Most positive activity in which I have participated for a long time  
2=Gave me a lot of direction with my needs  
3=I learned a lot about myself and am ready to make definite changes  
4=I did not get as much as I had hoped out of the group  
5=The group was a waste of my time
9. What specific "things" contributed to the ranking you gave your experience in the group?
10. What would have made it better?

**Additional comments you would like to share with the school counselor:**

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student’s Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:  
Circle one or more items.**

- |            |                    |                    |
|------------|--------------------|--------------------|
| Friendship | Study Skills       | Attendance         |
| Feelings   | Behavior           | School Performance |
| Family     | Peer Relationships | Other _____        |

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at  
\_\_\_\_\_ if you have further questions or concerns.

## POST-SMALL GROUP FOLLOW-UP WITH STUDENTS

(OPTIONAL SESSION scheduled 4-6 weeks after group ends)

Level: Elementary/Middle School/High School

**Note to Professional School Counselor:** *The Follow-up Session Feedback Form for Students may be used in several ways, e.g., as an alternative "Procedure" for the post-group follow-up session, as a discussion guide, or (if post-group follow-up session is NOT scheduled) as a guide for interviewing individual students 4-6 weeks after the group ends. Adapt as appropriate for developmental level of students.*

### FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: \_\_\_\_\_ (optional) Date: \_\_\_\_\_

#### **Questions:**

11. What specific skills are you practicing now that the group is over?
12. What was the most useful thing you learned from the group?
13. What could you use more practice on?
14. How are things different for you now?
15. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
16. How are you keeping yourself accountable?
17. What suggestions do you have for future groups?
18. Circle your overall experience in the group on a scale from 1 → 5 \_\_\_\_\_  
1=Most positive activity in which I have participated for a long time  
2=Gave me a lot of direction with my needs  
3=I learned a lot about myself and am ready to make definite changes  
4=I did not get as much as I had hoped out of the group  
5=The group was a waste of my time
19. What specific "things" contributed to the ranking you gave your experience in the group?
20. What would have made it better?

**Additional comments you would like to share with the school counselor:**

## **SESSION #1**

**Group Title:** Missing You

**Session Title:** Getting to Know You

**Session #** 1 of 6

**Grade Level:** K-2

**Estimated time:** 30 min

**Small Group Counseling Session Description:**

Students will learn group guidelines and identify a personal loss.

**Missouri Comprehensive Guidance Strand/Big Idea:**

PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

**American School Counselor Association (ASCA ) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

### **SESSION #1 Materials (include activity sheets and/ or supporting resources)**

Pillow Case (or T-Shirt or large piece of construction paper) - 1 for every student

Markers (sharpie or permanent markers work best)

Cardboard (to put between pillow case or t-shirt)

[Small Group Counseling Guidelines](#)

[Teacher/Parent/Guardian Small Group Follow-Up](#)

### **SESSION #1 Formative Assessment**

Students will understand their purpose for being in the group. Students will draw on their pillowcase a picture of their deceased loved one.

### **SESSION #1 Preparation**

**Essential Questions:** Why is it important for you to be here?

**Engagement (Hook):** The Professional School Counselor engages in a role play discussion with a puppet. The puppet has lost something (i.e. cell phone) and expresses how he feels about the loss (i.e., angry, frustrated, sad, worried). The school counselor summarizes the puppet's response and asks the group to tell the puppet how they would feel if they had lost the same item. The school counselor says "We all lose things but when we lose people we love or care about our feelings are stronger and we might need help and support to feel better." "Hopefully, in this group we will help and support one another."

**SESSION #1 Procedures**

<i>Session #1: Professional School Counselor Procedures:</i>	<i>Session #1: Student Involvement</i>
<ol style="list-style-type: none"> <li>1. Discuss Group Guidelines, including student additions. Refer to the <a href="#"><i>Small Group Counseling Guidelines</i></a></li> <li>2. Let each student introduce themselves and why they are part of the group.</li> <li>3. Tell students to draw a picture of the person they have lost and want to remember on their pillowcase.</li> <li>4. Closure/Summary: “How did you feel while you were working on your drawing today? What other feelings did you hear other group members discuss today?”</li> <li>5. Group assignment: Ask students to pay attention to the specific feelings that occur this week in relationship to their feelings of their loved one. “We will be sharing those at the next session.”</li> </ol>	<ol style="list-style-type: none"> <li>1. Students may add any guidelines they want the group to follow.</li> <li>2. Introductions are made.</li> <li>3. Students draw pictures of their loved ones on the pillowcase.</li> <li>4. Closure/Summary : Students discuss their feelings.</li> <li>5. Group assignment: Students will pay attention to their feelings during the week about their lost loved one.</li> </ol>

**SESSION #1 Follow-Up Activities**

Professional School Counselor will check in with teacher to monitor student’s classroom performance and behaviors.

**SESSION #1 Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

## **Small Group Counseling Guidelines**

1. All participants observe confidentiality.
  - a. Counselor
  - b. Student
2. One person speaks at a time.
3. Everyone has an opportunity to participate and share.
4. No “Put-Downs” are allowed.
5. All participants will treat each other with respect.
6. Group members will have the opportunity to develop other guidelines.

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The Professional School Counselor has the option of sending this form to teachers/parents/guardians after each group session to keep these individuals informed of student's progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:**

**Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at  
\_\_\_\_\_ if you have further questions or concerns.

## SESSION #2

**Group Title:** Missing You

**Session Title:** Facing Feelings

**Session #** 2 of 6

**Grade Level:** K-2

**Estimated time:** 30 min

**Small Group Counseling Session Description:**

Students will be able to name different feelings associated with the death of their loved one.

**Missouri Comprehensive Guidance Strand/Big Idea:**

PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

### **SESSION #2 Materials (include activity sheets and/ or supporting resources)**

Pillow Case from last session (t-shirt or large construction paper) - 1 for every student

Markers (sharpie or permanent markers work best)

Cardboard (to put between pillow case or t-shirt)

Book about death/dying/grief and/or feelings

Puppet

Chart paper

[Teacher/Parent/Guardian Small Group Follow-Up](#)

### **SESSION #2 Formative Assessment**

Students will be able to state different feelings they have regarding the death of their loved one.

### **SESSION #2 Preparation**

**Essential Questions:** How do we feel about death?

**Engagement (Hook):** Introduce puppet. Say, "(Puppet's Name) has lots of feelings inside. Sometimes he's angry, red as a hot chili pepper. Sometimes he's sad, as blue as a rainy day. Sometimes he's excited, yellow as a sunny day. Sometimes he's frightened, white as a ghost. I bet sometimes you have different colors inside you too."

**SESSION #2 Procedures**

<i>Session #2: Professional School Counselor Procedures:</i>	<i>Session #2: Student Involvement</i>
<ol style="list-style-type: none"> <li>1. Review <a href="#">Small Group Counseling Guidelines</a></li> <li>2. Review previous session.</li> <li>3. The counselor welcomes everyone to the group. Explain that today the group will be focusing on feelings. There are many types of feelings (can explain the feeling words from the hook here if the students don't understand them). "It's okay to have all the feelings. It's even okay to have more than one feeling at the same time."</li> <li>4. Read a book about grief/feelings.</li> <li>5. Have students identify different feelings in the story and see if they have felt any of those feelings before. As students state feelings, the counselor will write a list of all the feelings mentioned on chart paper.</li> <li>6. Instruct students to identify a couple feelings they have and will display these on their pillowcase either with colors, pictures, or words. Instruct students to refer to the color coding in the hook to choose which colors to use.</li> <li>7. Closure/Summary: Counselor reviews the session including the book and different types of feelings.</li> <li>8. Group assignment: Students will try to notice when they are experiencing different feelings and what kind of feeling it is.</li> </ol>	<ol style="list-style-type: none"> <li>1. Students listen and ask questions.</li> <li>2. Students share what they remember from the previous session.</li> <li>3. Students listen to the counselor.</li> <li>4. Students listen to the reading of the book.</li> <li>5. Students state different feelings and share with the group when they have felt that way. Students will choose a few feeling words off the list and draw or color their feelings on a designated part of their pillowcase.</li> <li>6. Students will use the list to identify a couple feelings they have and will display these on their pillowcase either with colors, pictures, or words. Students will refer to the color coding in the hook to choose which colors to use.</li> <li>7. Closure/Summary: Students will state feelings and understand it is acceptable to have more than one feeling at a time.</li> <li>8. Group assignment: Students will try to be more aware of their feelings.</li> </ol>

**SESSION #2 Follow-Up Activities**

Professional School Counselor will check in with teacher to monitor student's classroom performance and behaviors.

**SESSION #2 Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student's progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:**

**Circle one or more items.**

Friendship

Study Skills

Attendance

Feelings

Behavior

School Performance

Family

Peer Relationships

Other \_\_\_\_\_

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at

\_\_\_\_\_ if you have further questions or concerns.

### SESSION #3

**Group Title:** Missing You

**Session Title:** Stick by Me

**Session #** 3 of 6

**Grade Level:** K-2

**Estimated time:** 30 min

**Small Group Counseling Session Description:**

Students will learn the meaning of a support and be able to name different supports they have.

**Missouri Comprehensive Guidance Strand/Big Idea:**

PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

### SESSION #3 Materials (include activity sheets and/ or supporting resources)

Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student

Markers (sharpie or permanent markers work best)

Cardboard (to put between pillowcase or t-shirt)

Old Crayons

Popsicle sticks

Chart Paper

[Teacher/Parent/Guardian Small Group Follow-Up](#)

### SESSION #3 Formative Assessment

Students will name different people in their lives who can help them cope with the loss of their loved one.

### SESSION #3 Preparation

**Essential Questions:** Who do you talk to when you are feeling bad?

**Engagement (Hook):** The Professional School Counselor shows students one crayon and says the following: “It is all alone. (*Break the crayon, place next to popsicle stick*) With one support it may be easy to break, but still more difficult than when it stood alone.” (*Try to break the crayon holding it against the one popsicle stick*). Say “With more than one popsicle stick around the crayon, you cannot break it. The more support you have, the easier it is to deal with your feelings and cope with your problems, so you don't break down.” (*Show students that the crayon will not break with the popsicle sticks surrounding it.*)

**SESSION #3 Procedures**

<i>Session #3: Professional School Counselor Procedures:</i>	<i>Session #3: Student Involvement</i>
<ol style="list-style-type: none"> <li>1. Review <a href="#">Small Group Counseling Guidelines</a>.</li> <li>2. Review previous session.</li> <li>3. Welcome everyone to the group. Explain that today we will be focusing on sources of support. Define a source of support as someone or something that is there for us; to listen and to help us feel better. There are many types of supports-parents/guardians, siblings, teachers, relatives, friends, pets, church, and other relationships. “Sometimes we forget how many sources of support we have.”</li> <li>4. Make a list on chart paper of different sources of support the students suggest, prompting them as needed.</li> <li>5. On their pillow cases, have students write the names of at least three sources of support they have and can rely on in this instance of grief. Students can use the chart paper list to help identify these sources of support.</li> <li>6. Instruct students to display their sources of support on their pillowcase and share with the group.</li> <li>7. Closure/Summary: Counselor asks the following: “What did we discuss today? What is a source of support? Who/What/Where can be a source of support?”</li> <li>8. Group assignment: “Be aware of those around you and who can be a source of support.”</li> </ol>	<ol style="list-style-type: none"> <li>1. Students listen and ask questions.</li> <li>2. Students share what they remember from the previous session.</li> <li>3. Students listen to today's hook and name possible sources of support.</li> <li>4. Students will give examples of various personal sources of support: parents/guardians, siblings, teachers, relatives, friends, pets, church, and other relationships.</li> <li>5. Students have the opportunity to write or draw pictures of their sources of support on their pillow cases.</li> <li>6. Students share their “decorated” pillow cases with the group.</li> <li>7. Closure/Summary: Students will respond to the counselor's questions.</li> <li>8. Group assignment: Students think about and notice sources of support.</li> </ol>

**SESSION #3 Follow-Up Activities**

Professional School Counselor will check in with teacher to monitor student’s classroom performance and behaviors.

**SESSION #3 Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student's progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:  
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at  
\_\_\_\_\_ if you have further questions or concerns.

## **SESSION #4**

**Group Title:** Missing You

**Session Title:** Skill Builder

**Session #** 4 of 6

**Grade Level:** K-2

**Estimated time:** 30 min

### **Small Group Counseling Session Description:**

Students will learn different coping strategies and be able to identify the ones that will best help them in dealing with the loss of their loved one.

### **Missouri Comprehensive Guidance Strand/Big Idea:**

PS.3 Applying personal safety skills and coping strategies

### **Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

### **American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

## **SESSION #4 Materials (include activity sheets and/ or supporting resources)**

Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student

Markers (sharpie or permanent work best)

Cardboard (to put in between pillowcase or t-shirt)

Cut out list of [Skill Building Strategy Strips](#)

Cup/Bag

[Teacher/Parent/Guardian Small Group Follow-Up](#)

## **SESSION #4 Formative Assessment**

Students will be able to name different coping strategies in order to help them cope with the loss of their loved one.

## **SESSION #4 Session Preparation**

**Essential Questions:** What activities help us cope with loss?

**Engagement (Hook):** The counselor draws a strategy from the bag of skill builder strategy strips. The counselor acts it out and then asks the students, “How could this help me cope with the loss of a loved one?”

**SESSION #4 Procedures**

<i>Session #4: Professional School Counselor Procedures:</i>	<i>Session #4: Student Involvement</i>
1. Review <a href="#">Small Group Counseling Guidelines</a> .	1. Students listen and ask questions.
2. Review previous session.	2. Students share what they remember from the previous session.
3. Welcome everyone to the group. Explain that today we will be focusing on ways to cope.	3. Students listen.
4. Place <a href="#">Skill Builder Strategy Strips</a> into a cup or bag. When a student pulls out a strategy whisper it into the student's ear. They have 20 seconds to act it out and have each group member guess what strategy they had.	4. Students take turns grabbing a strategy strip and acting it out. The students who are not acting will be guessing the strategy. The student gets to tell the group members what it is. After the group knows the strategy, everyone in the group acts it out the same way the original student did it. Students can give a thumbs-up if they think this particular strategy may help them feel better in their own situation.
5. Have students name at least three coping strategies they can use to help them cope with their grief.	5. Allow each student to share three coping strategies they think will help them.
6. Ask students to display the skills on their pillowcase either with words or pictures.	6. Students will add their chosen coping strategies to the pillowcase.
7. Closure/Summary: "What did we discuss today?" Ask students to name a skill they will try sometime this week.	7. Closure/Summary: Students respond to questions.
8. Group assignment: "Practice the skill you have chosen before the next session."	8. Group assignment: Students will practice their chosen skill before the next session.

**SESSION #4 Follow-Up Activities**

Remind students during the week to practice their chosen skill.

**SESSION #4 Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

## **Skill Builder Strategy Strips**

**Talk to a source of support**

**Smile**

**Think of loved one**

**Talk on the phone**

**Carry a picture with you**

**Take a walk**

**Draw**

**Fly a kite**

**Run**

**Create a riddle**

**Write**

**Tell a joke**

**Read**

**Try to wink**

**Ride a bike**

**Stop and think**

**Sing**

**Paint**

**Play a game**

**Play catch**

**Jump rope**

**Kick a soccer ball**

**Pet an animal**

**Swing**

**Dance**

**Bird watch**

**Eat**

**Look for shapes in clouds**

**Laugh**

**Spin**

**Help someone**

**Make something**

**Drink water**

**Blow up a balloon**

**Take pictures**

**Bake or cook**

**Take a nap**

**Look for a four leaf clover**

**Give a hug**

**Take a hike**

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student’s progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student’s Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:**

**Circle one or more items.**

- |            |                    |                    |
|------------|--------------------|--------------------|
| Friendship | Study Skills       | Attendance         |
| Feelings   | Behavior           | School Performance |
| Family     | Peer Relationships | Other _____        |

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at

\_\_\_\_\_ if you have further questions or concerns.

## SESSION #5

**Group Title:** Missing You

**Session Title:** Memory Maker

**Session #** 5 of 6

**Grade Level:** K-2

**Estimated time:** 30 min

**Small Group Counseling Session Description:**

Students will recall and share memories they have of their loved one.

**Missouri Comprehensive Guidance Strand/Big Idea:**

PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

### SESSION #5 Materials (include activity sheets and/ or supporting resources)

Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student.

Markers (sharpie or permanent markers work best)

Cardboard (to put in between pillowcase or t-shirt)

Tape recorder or CD player with the selected song about memories ready to play.

Unit Assessments (attached to the Unit Plan)

[Teacher Pre-Post-Group Individual Student Behavior Rating Form](#)

[Teacher Feedback Form: Overall Effectiveness of Group](#)

[Parent/Guardian Cover Letter](#)

[Parent/Guardian Feedback Form: Overall Effectiveness of Group](#)

### SESSION #5 Formative Assessment

Students will remember fun activities, funny things that happened, and other memories of their loved one in order to help them cope.

### SESSION #5 Summative Assessment:

**Perceptual Data Collection:**

The following end-of-group perceptual data collection forms will be used as a part of session five and six; the forms are attached to the Unit Plan:

Classroom Teacher Assessment:

- The classroom teacher will complete the [Teacher Pre-Post-Group Individual Student Behavior Rating Form](#) for each student before the group starts and after the group has been completed. The Professional School Counselor may consider making two copies of this form, one for the pre-assessment and one for the post-assessment, then entering all data on a final form for comparison.
-

- [Teacher Feedback Form: Overall Effectiveness of Group](#) will be given to teacher to complete at the end of the group unit.
- Parent Assessment:**
- [Parent/Guardian Feedback Form: Overall Effectiveness of Group](#) will be given to parents to complete at the end of the group unit.
- Student Assessment:**
- [Student Feedback Form: Overall Effectiveness of Group](#) will be given to students to complete at the end of the group unit.

**SESSION #5 Session Preparation**

**Essential Questions:** How do memories help us cope with loss?

**Engagement (Hook):** As students are coming in, have a song about memories playing on a tape recorder or CD player. Have students sit quietly and listen (or they can sing along) as the song finishes. Some possible songs are: “I Will Remember You”, “Because You Loved Me”, “Time of Your Life”, “Wind Beneath My Wings”, “It’s So Hard to Say Goodbye to Yesterday”, “Memories”, or other appropriate songs.

**SESSION #5 Procedures**

<i>Session #5: Professional School Counselor Procedures:</i>	<i>Session #5: Student Involvement</i>
<ol style="list-style-type: none"> <li>1. Review <a href="#"><u>Small Group Counseling Guidelines</u></a>.</li> <li>2. Review previous session.</li> <li>3. The counselor welcomes everyone to the group. Explain that today we will be focusing on our memories with the loved one. Define memories as special or favorite times that we share with our families, friends, and loved ones that we remember and never forget. (The counselor may share a memory of a loved one as an example.)</li> <li>4. Tell students they will have a short amount of time to share a memory about his or her loved one without interruptions. After each student speaks, allow group members to ask questions. The student will be encouraged to answer, if they are comfortable with sharing.</li> <li>5. Closure/Summary: Students will think of their favorite or special memory and place it on their pillowcase.</li> </ol>	<ol style="list-style-type: none"> <li>1. Students listen and ask question.</li> <li>2. Students share what they remember from the previous session.</li> <li>3. Students listen.</li> <li>4. Students take turns sharing something special about their loved one. While one student speaks the rest of the group listens and thinks of any questions or comments they may want to make.</li> <li>5. Closure/Summary: Students spend some time adding favorite memories to their pillow case.</li> </ol>

6. Group assignment: The counselor tells students to think of happy memories of their loved one.

6. Group assignment: Students remember happy times with a loved one.

**SESSION #5 Follow-Up Activities**

Remind students during the week to come prepared for the next session with a happy memory.

**SESSION #5 Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student's progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:  
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at  
\_\_\_\_\_ if you have further questions or concerns.

## SESSION #6

**Group Title: Missing You**

**Session Title: Bring It Full Circle**

**Session # 6 of 6**

**Grade Level: K-2**

**Estimated time: 30 min**

**Small Group Counseling Session Description:**

Students will combine all the skills they have learned from the group sessions. They will choose a coping strategy and identify a support to help them implement this strategy.

**Missouri Comprehensive Guidance Strand/Big Idea:**

Personal Social Development: PS.3 Applying personal safety skills and coping strategies

**Missouri Comprehensive Guidance Concept(s):**

PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

C. Students will understand safety and survival skills.

### **SESSION #6 Materials (include activity sheets and/ or supporting resources)**

Pillowcase from last session (t-shirt or large piece of construction paper) - 1 for every student.

Markers (sharpie or permanent markers work best)

Cardboard (to put in between pillowcase or t-shirt)

Lists from previous groups

Snacks

[Teacher/Parent/Guardian Small Group Follow-Up](#)

[Student Feedback Form: Overall Effectiveness of Group](#)

[Certificate of Completion](#)

### **SESSION #6 Formative Assessment**

Students will use a coping skill with help from their support(s) in order to deal with the loss of a loved one.

**Perceptual Data Collection:**

The following end-of-group perceptual data collection forms will be used as a part of session four and five; the forms are attached to the Unit Plan:

**Classroom Teacher Assessment:**

- The classroom teacher will complete the [Teacher Pre-Post-Group Individual Student Behavior Rating Form](#) for each student before the group starts and after the group has been completed. Counselor may consider making two copies of this form, one for the pre-assessment and one for the post-assessment, then entering all data on a final form for comparison.

- [Teacher Feedback Form: Overall Effectiveness of Group](#) will be given to teacher to complete at the end of the group unit.

Parent Assessment:

- [Parent/Guardian Feedback Form: Overall Effectiveness of Group](#) will be given to parents to complete at the end of the group unit.

Student Assessment:

- [Student Feedback Form: Overall Effectiveness of Group](#) will be given to students to complete at the end of the group unit.

**SESSION #6 Session Preparation**

**Essential Questions:** How can you enjoy life after a loved one is gone?

**Engagement (Hook):** Have students sit in a close circle, all facing to their right. Students will rub the shoulders of the person in front of them for 30 seconds. Then all students turn to their left. Students will rub the shoulders of the person in front of them for 30 seconds. (Can do pats on the back, depending on the make up of the group). Discuss with the group members how we can work together with others to help us feel better.

**SESSION #6 Procedures**

<i>Session #6: Professional School Counselor Procedures:</i>	<i>Session #6: Student Involvement</i>
1. Review <a href="#"><u>Small Group Counseling Guidelines</u></a> .	1. Students listen and ask questions.
2. Review previous session.	2. Students share what they remember from the previous session.
3. The counselor welcomes everyone to the group. Explain that today we will combine all of the skills that we have learned and celebrate our successes.	3. Students listen.
4. Review feelings, supports, and coping skills with the group.	4. Students respond to questions describing what they remember about each topic.
5. Have students look at the lists from the previous groups. Ask students to select one coping skill and one source of support that will help them cope with the loss of their loved one.	5. Each student will select a coping skill and one source of support that will help them cope with the loss of a loved one.
6. Ask students to demonstrate what they have learned through pictures or words on their pillowcase.	6. Students will demonstrate what they have learned through pictures or words on their pillowcase.

<i>Session #6: Professional School Counselor Procedures:</i>	<i>Session #6: Student Involvement</i>
7. The counselor provides snacks for the group and asks students to share their pillowcases with the group.	7. The students eat a snack and share their pillowcases with the group.
8. Discuss with students how to use the words and pictures on their pillowcases as a reminder of their loved one and strategies for coping with their loss.	8. Students listen.
9. Closure/Summary: Thank everyone for being there; remind them that you are a source of support for them as well.	9. Closure/Summary: Students listen.
10. Group assignment: "Notice which activities and sources of support you are using and be prepared to report those during the follow-up session."	10. Group assignment: Students will notice the activities and sources of support they are using.

**SESSION #6 Follow-Up Activities**

Check in with teachers/parents/guardians to determine how the students are doing.

Follow-up session or check in with students in a couple of weeks to determine how they are feeling and coping.

**SESSION #6 Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

**Note to Professional School Counselor:** *The Student Feedback Form measures the student's perceptions of the overall effectiveness of the group using the same questions as teachers' and parents answer on their feedback forms. Students complete during the last session. This form is most appropriate for use at the upper elementary, middle school or high school levels.*

**SMALL GROUP COUNSELING  
 STUDENT POST-GROUP PERCEPTIONS:**

**STUDENT FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP**

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Professional School Counselor's Name: \_\_\_\_\_

Small Group Title: \_\_\_\_\_

Before the group started, I wanted to learn \_\_\_\_\_

\_\_\_\_\_

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following**

What do you think?	5=High					1=Low
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1	1
I enjoyed working with other students in the group	5	4	3	2	1	1
I enjoyed working with the counselor in the group.	5	4	3	2	1	1
I learned new skills and am using the skills in school	5	4	3	2	1	1
If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"	5	4	3	2	1	1

**Additional Comments for the Counselor:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEACHER/PARENT/GUARDIAN  
SMALL GROUP FOLLOW-UP**

**The counselor has the option of sending this form to teachers or parents/guardians after each group session to keep these individuals informed of student's progress in the group.**

**GROUP TOPIC:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Today I met with my school counselor and other group members.**

**Session Goal:** \_\_\_\_\_

**Today we talked about the following information during our group:  
Circle one or more items.**

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

**Group Assignment:**

I will complete or practice the following at school and/home before our next session.

\_\_\_\_\_

**Our next group meeting will be:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Additional Comments:**

Please contact \_\_\_\_\_, Professional School Counselor at  
\_\_\_\_\_ if you have further questions or concerns.



# *Group Certificate of Completion*



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Student's Name

*successfully completed the*

*“ \_\_\_\_\_ ” group*

*One awesome skill used by \_\_\_\_\_  
was \_\_\_\_\_*



**WAY TO GO!**

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Professional School Counselor

### OPTIONAL FOLLOW-UP SESSION

**Group Title:** Missing You

**Session Title:** How Are You Doing?

**Session:** Follow-up (4-6 weeks after last session)

**Grade Level:** K-2

**Estimated time:** 30-45 minutes

**Small Group Counseling Follow-up Session Purpose:** The Professional School Counselor (PSC) may facilitate at least one more group session 4-6 weeks after the group has ended. This session helps the PSC track students' persistence and success in applying new skills and making changes in their lives. Students who participate in follow-up sessions after a group ends are more likely to maintain the gains made during the group sessions.

**Missouri Comprehensive Guidance Strand/Big Idea:**

Personal and Social Development: PS.3.Applying Personal Safety Skills and Coping Strategies

**Missouri Comprehensive Guidance Concept(s):**

- PS.3.A. Safe and Healthy Choices
- PS.3.B. Personal Safety of Self and Others
- PS.3.C. Coping Skills

**American School Counselor Association (ASCA) National Standard:**

Personal/Social Development

- A. Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

### OPTIONAL FOLLOW-UP SESSION

**Materials (activity sheets and/ or supporting resources are attached)**

8 ½ x 11 paper for each participant; crayons/markers/pencils

Alternative Procedure: Complete the [Follow-Up Feedback Form for Students](#). Discuss after completing.

### OPTIONAL FOLLOW-UP SESSION Formative Assessment

This session does not require a formative assessment. It is intended to measure students' perceptions of the group's effectiveness over time.

Alternative Procedure: Use the [Follow-Up Feedback Form for Students](#) as the procedure and the assessment for the Follow-up Session. The developmental level of your students will determine the usefulness of this alternative with younger students.

### OPTIONAL FOLLOW-UP SESSION Preparation

**Essential Questions:** What does everyone have in common in this group?

**Engagement (Hook):** What has changed for you as a result of this group?

**OPTIONAL FOLLOW-UP SESSION PROCEDURES**

**Professional School Counselor Procedures: Optional Follow-up Session**

**Note for PSC:** The group follow-up session will give participants a chance to celebrate each other’s successes over time.

1. Welcome students back to the group. Remind them about the [Small Group Counseling Guidelines](#).
2. Invite each student to tell one thing he or she remembers from the group meetings. “I remember \_\_\_\_\_.”
3. Give each student an 8 ½ x 11 piece of paper. Instruct students to follow you as you fold your paper into fourths; unfold the paper and number the sections 1-4. Give the directions for the quadrants one at a time. Complete all quadrants. Invite students to share one quadrant at a time; discuss responses before going to the next quadrant.

1. With a picture or words, demonstrate what you learned from group.	2. With a picture or a word, describe the most useful thing you learned from the group.
3. With a picture or words, describe a skill you need to practice.	4. With a picture or words, explain how you have changed.

**Alternative Procedure:** An option for gathering student feedback during the follow-up session is to use the [Follow-Up Feedback Form for Students](#). Discuss with students after they have completed the form.

**Student Involvement: Optional Follow-up Session**

1. Students participate in the review of the guidelines by telling what they remember and by reminding each other of what the guidelines mean.
2. Students contribute a specific example of something they remember about the group.
3. Students follow directions of the school counselor, asking clarifying questions as needed. They share their words/drawings. The school counselor will acknowledge on-topic sharing.

**Alternative Procedure:** Students complete the form and discuss their responses.

**OPTIONAL FOLLOW-UP SESSION Follow-Up Activities**

If students completed the (optional) [Follow-Up Feedback Form for Students](#), use the responses to prepare a data summary and report of group’s effectiveness.

**OPTIONAL FOLLOW-UP SESSION Counselor reflection notes (completed after the session)**

*STUDENT LEARNING: How will students’ lives improve as a result of what happened during this session?*

*SELF EVALUATION: How did I do?*

*IMPLEMENTATION PROCEDURES: How did the session work?*

## POST-SMALL GROUP FOLLOW-UP WITH STUDENTS

(OPTIONAL SESSION scheduled 4-6 weeks after group ends)

Level: Elementary/Middle School/High School

**Note to Professional School Counselor:** *The Follow-up Session Feedback Form for Students may be used in several ways, e.g., as an alternative "Procedure" for the post-group follow-up session, as a discussion guide, or (if post-group follow-up session is NOT scheduled) as a guide for interviewing individual students 4-6 weeks after the group ends. Adapt as appropriate for developmental level of students.*

### FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: \_\_\_\_\_ (optional) Date: \_\_\_\_\_

#### **Questions:**

1. What specific skills are you practicing now that the group is over?
2. What was the most useful thing you learned from the group?
3. What could you use more practice on?
4. How are things different for you now?
5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
6. How are you keeping yourself accountable?
7. What suggestions do you have for future groups?
8. Circle your overall experience in the group on a scale from 1 → 5 \_\_\_\_\_  
1=Most positive activity in which I have participated for a long time  
2=Gave me a lot of direction with my needs  
3=I learned a lot about myself and am ready to make definite changes  
4=I did not get as much as I had hoped out of the group  
5=The group was a waste of my time
9. What specific "things" contributed to the ranking you gave your experience in the group?
10. What would have made it better?

**Additional comments you would like to share with the school counselor:**