

**Missouri Comprehensive Guidance  
And Counseling Program:  
Responsive Services**

**PROFESSIONAL SCHOOL COUNSELOR  
SMALL GROUP COUNSELING GUIDE**

**A Professional School Counselor's Guide to  
Planning, Implementing & Evaluating  
School-Based Counseling Groups**

Developed by Missouri Professional School Counselors and Counselor Educators  
with support from the  
Missouri Department of Elementary & Secondary Education and the  
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# MISSOURI COMPREHENSIVE GUIDANCE AND COUNSELING PROGRAM RESPONSIVE SERVICES: SMALL GROUP COUNSELING MODULE

## TABLE OF CONTENTS

<a href="#"><u>Introduction</u></a> .....	3
<a href="#"><u>Part 1: Overview of Small Group Counseling Module</u></a> .....	4
<a href="#"><u>Part 2: Review of School Based Small Group Counseling</u></a> .....	5
<a href="#"><u>Part 3: Organizing the Small Group Counseling Experience</u></a> .....	9
<a href="#"><u>Documents for Small Group Counseling Module:</u></a> .....	12
<a href="#"><u>Document 1: Information for School Personnel</u></a> .....	13
<a href="#"><u>Document 2: Needs Assessment/Student Referral Forms (3 Samples)</u></a> .....	15
<a href="#"><u>Document 3: Assessment of Students' Perceived Needs</u></a> .....	18
<a href="#"><u>Document 4: Student Behavior Rating Form</u></a> .....	19
<a href="#"><u>Document 5: Action Plan Template</u></a> .....	20
<a href="#"><u>Document 6: Screening/Selection Procedures</u></a> .....	21
<a href="#"><u>Document 7: Informed Consent Forms</u></a> .....	24
<a href="#"><u>Document 8: Participant Guidelines/Ground Rules</u></a> .....	26
<a href="#"><u>Document 9: Student Passes (3 samples)</u></a> .....	27
<a href="#"><u>Document 10: Unit Template</u></a> .....	30
<a href="#"><u>Document 11: Session Template</u></a> .....	31
<a href="#"><u>Document 12: Teacher/Parent/Guardian Follow-up Form</u></a> .....	32
<a href="#"><u>Document 13: Student Post-Group Follow-Up Interview Form</u></a> .....	33
<a href="#"><u>Document 14: Teacher Pre/Post-Group Perception Form (2 Samples)</u></a> .....	34
<a href="#"><u>Document 15: Parent/Guardian Post-Group Perception Form</u></a> .....	36
<a href="#"><u>Document 16: Student Post-Group Perception Form</u></a> .....	38
<a href="#"><u>Document 17: Group Summary Form</u></a> .....	39
<a href="#"><u>Document 18: Small Group Counseling Guidelines Poster</u></a> .....	40
<a href="#"><u>Part 4: Small Group Counseling Resources</u></a> .....	41
<a href="#"><u>Part 5: Small Group Counseling Sample Units and Sessions</u></a> .....	43

## MISSOURI COMPREHENSIVE GUIDANCE AND COUNSELING PROGRAM RESPONSIVE SERVICES: SMALL GROUP COUNSELING MODULE

### Introduction

The content of the Missouri Comprehensive Guidance and Counseling Program (MCGCP) is based on the Comprehensive Guidance Curriculum Framework components which include Personal/Social Development, Academic Development and Career Development. The framework guides all program activities and follows the premise that student competency in the components strengthens student achievement and complements learning in other core curriculum areas.

The MCGCP Responsive Services component provides direction for responding to needs within the school community. Those needs include school, community, state, or national crisis/emergency situations as well as individual circumstances that require a response. Professional School Counselors (PSCs) may work with students as a part of the district's emergency management plan. PSCs may work with students individually or in small groups. In some situations, it may be necessary for an individual student to be referred for outside counseling.

The following Responsive Services modules are available: Individual Counseling, Small Group Counseling, School-Wide Emergency Management; and Referral Policies, Processes, and Procedures. All materials are available via the DESE Missouri Comprehensive Guidance and Counseling eLearning Center on the Missouri Center for Career Education (MCCE) website.

(<http://missouricareereducation.org/curr/cmd/guidanceplacementG/elearning/>)

The Small Group Counseling Module includes:

- ▶ Part 1: [Overview of Small Group Counseling Module](#): An explanation of how small group counseling fits within the Responsive Services Component of Missouri Comprehensive Guidance Program (MCGCP).
- ▶ Part 2: [Review of School Based Small Group Counseling](#): Key factors to consider when working with students in small groups.
- ▶ Part 3: [Organizing the Small Group Counseling Experience](#): A step-by-step guide to planning, implementing, and evaluating small groups. Included are forms, documents, and informational materials to assist in the implementation of each step.
- ▶ Part 4: [Small Group Counseling Resources](#). This section contains print and electronic materials for facilitating small groups.
- ▶ Part 5: [Small Group Counseling Units and Sessions](#): Examples of topic-specific small group counseling strategies. The sample Units and Sessions provide structured small group counseling experiences addressing 15 topics of relevance to K-12 students in the three strands of the Comprehensive Guidance Program: Personal/Social, Academic and Career Development.

## PART 1: OVERVIEW OF SMALL GROUP COUNSELING MODULE

Small group counseling provides students with assistance to improve skills in the areas of personal/social, academic and career development. Working with students in small groups is one strategy for helping students become more successful. Students who will benefit from working with the Professional School Counselor (PSC) in small groups may be recognized through observations during classroom guidance activities, self-referral, or referral by parents, teachers, and peers.

Small group counseling units and sessions address topics related to personal/social, academic and career development. The ultimate goal of small group counseling is to assist students with developing awareness of interpersonal issues, to develop strategies and skills to positively impact their school achievement and to increase appropriate social interaction skills.

**Table 1: Topics of Sample Small Group Counseling Units and Sessions**

<b>CONCEPTUAL CATEGORY: PERSONAL AND SOCIAL DEVELOPMENT</b>			
<i>Units/Sessions: Personal and Social Development</i>			
<b>Pre-K-Grade 2</b>	<b>Grades 3-5</b>	<b>Middle School (6-8)</b>	<b>High School (9-12)</b>
Anger Management	Anger Management	Anger Management	Anger Management
Coping with Life Changes Unit 1	Coping with Life Changes Unit 1	Coping with Life Changes	Coping with Life Changes
Coping with Life Changes Unit 2	Coping with Life Changes Unit 2		
Self Awareness	Self Awareness		
Self Control	Self Control		
New Student (K-12)			
<b>CONCEPTUAL CATEGORY: ACADEMIC DEVELOPMENT</b>			
<i>Units/Sessions: Academic Development</i>			
<b>Pre-K-Grade 2</b>	<b>Grades 3-5</b>	<b>Middle School (6-8)</b>	<b>High School (9-12)</b>
Study Skills	Study Skills Unit 1	Study Skills	Study Skills
	Study Skills Unit 2		
<b>CONCEPTUAL CATEGORY: CAREER DEVELOPMENT</b>			
<i>Units/Sessions: Career Development</i>			
<b>Pre-K-Grade 2</b>	<b>Grades 3-5</b>	<b>Middle School (6-8)</b>	<b>High School (9-12)</b>
		Career	Career

## PART 2: REVIEW OF SCHOOL BASED SMALL GROUP COUNSELING

**Note:** The following section serves as a reminder of the elements of school-based small group counseling. Refer to the group work textbooks you used in your counselor education program for more detailed information. In addition, you are encouraged to read current small group counseling literature (see [Part 4: Small Group Counseling Resources](#)).

### Types of Groups

The Association for Specialists in Group Work (ASGW) has defined four types of groups:

Task Groups: application of group strategies that promote the accomplishment of group tasks and goals, e.g., curriculum development, developing individual educational or social learning plans.

Psycho-educational Groups: application of group strategies that promote typical growth and/or prevent/remediate transitory difficulties in personal/social, academic, career development

Counseling Groups: application of group strategies to address problems of living that arise in the lives of students

Psychotherapy Groups: application of group strategies to address consistent patterns of dysfunctional behaviors and/or distortions.

Psycho-educational and Counseling Groups are the two types of groups addressed by the Responsive Services Small Group Counseling Module.

### Format Considerations for School-Based Groups

*Structured vs. Unstructured Groups:*

Small groups may be structured or unstructured. School-based groups usually follow a structured format; the units/sessions in [Part 5: Small Group Counseling Units and Sessions](#) of the Small Group Counseling Module provide samples of structured groups.

Structured groups are time-limited. They are scheduled for a specified number of sessions, focus on a single topic, follow a pre-established agenda, and membership is closed. The structure is pre-set; students provide the content based on their experiences with the topic and the changes they wish to make in their lives.

Unstructured groups may or may not have a pre-set topic or agenda; the counselor applies a broad range of techniques to facilitate the process of the group. The groups are usually on-going with no set begin/end date and membership is open. Unstructured groups require advanced group leadership skills.

*Number of Sessions/Length of Sessions/Scheduling:*

The number, length and scheduling of small group counseling sessions will be determined by the parameters of the school setting. In general, the following guidelines will apply:

Number of sessions:

Typically six to eight

Length of sessions will depend upon:

Developmental level/attention span of participants

Schedule of the school

Flexibility of students' schedules

Factors to consider when scheduling groups

Consult with classroom teachers to establish times for groups

Consider school activities students may miss, such as lunch/recess

Minimize classroom interruptions

### **Group Composition:**

*Group composition refers to the number and characteristics of participants.*

#### Heterogeneous groups:

Participants have different needs/problems or characteristics  
Develop more slowly and tend to be less cohesive

#### Homogeneous groups

Participants have same or similar needs/problems or characteristics  
Develop more quickly and tend to be more cohesive

#### Group Size

Recommended group size ranges from 4-10 participants, depending on age of participants and space available

### **Commonalities of School Based Small Group Counseling Groups**

The structure and composition of school-based groups will be determined by the needs of students; however most school-based small groups are:

- Structured in nature (pre-set structure/strategies designed to address a specific topic)
- Homogeneous in terms of participant issues
- Homogeneous with respect to the ability to participate in the task and goals of the group
- Heterogeneous in terms of personal characteristics

### **Screening and Selection of Group Members:**

Screening: screening and consideration of student abilities is essential. Some students are not ready/able/willing to adhere to the norms/expectations of group work. Seek alternative interventions to meet the needs of students who are not selected

Role Models: each group has at least one positive role model

Age difference: consider maturity of participants

Diversity: include students who have different backgrounds and perspectives

Gender: include both sexes unless topic or developmental levels indicate same-sex group would be more effective

Compatibility: seek participants who are willing to work with others

#### Strive to Avoid:

Placing siblings or close relatives in the same group

\*Selecting students with behavioral histories that could interfere with the group's benefits to other members, e.g., extreme aggression or extreme shyness, deep hostility or destructiveness (unless the specific behavior is the focus of the group)

\*Selecting students who have experienced recent trauma or crisis (unless the trauma or crisis is the focus of the group)

*\*These students' needs may better be met by another type of intervention*

## Group Dynamics: The Stages

All groups are unique, but the stages of a group are predictable.

*Stage 1 Getting acquainted/setting norms/building trust:* Participants find their places and grow to trust themselves, each other and the leader. Psychological safety and connections are two keys to building trust. Conflict may precede trust, which may be demonstrated by “acting-out” or testing the leader as part of the process in the first stage. Stage 1 is sometimes called the “Storming/Norming Stage.”

*Stage 2 Working together to accomplish individual and group goals.* Two keys to accomplishing goals are valuing self and others, and believing the group will make a difference. Cohesiveness and productivity have been established. Stage 2 is sometimes called the “Performing Stage.”

*Stage 3 Ending the Group:* Closure is attained by reflecting on individual and group accomplishments. Plans for future growth are enhanced by projecting independent application of knowledge and skills gained as well as identifying supports to sustain changes. Stage 3 is sometimes called the “Mourning Stage” because the group members mourn the loss of the group.

The PSC’s leadership responsibilities include:

- *Facilitating group progress from stage to stage*
- *Understanding the importance of each stage of group development*
- *Protecting and promoting group members’ psychological safety, privacy, and trust*

## Group Dynamics: Group Norms

There are two types of expectations regarding the interaction of the members and the leader:

*Explicit:* leader, with members, define specific rules and guidelines

*Implicit:* unwritten rules or patterns that develop into expectations

The PSC’s leadership responsibility includes:

- *Acting as the reinforcing agent charged with setting up and maintaining group norms*
- *Modeling group norms*

## Conducting the Sessions

The PSC’s leadership responsibilities include:

- *Attending to what’s happening within the group both overtly and covertly*
- *Processing activities and interpersonal interactions*
- *Modeling behaviors*

### The First Session:

\*Session structure may differ depending upon the nature of your group

This is the most important session, when group members either “buy-in” or “opt-out”.

The PSC’s leadership responsibilities include:

- *Developing mutual understanding of confidentiality:* group members understand that confidentiality cannot be guaranteed, even though it is an expectation
- *Reviewing the purpose and individual goals of the group*
- *Helping group members determine changes they want to create in their lives*
- *Encouraging dialogue among group members*
- *Discussing voluntary participation, policies and procedures*
- *Ensuring individual group members gain knowledge, skills and strategies:* connection with peers, identifying with the issue, and a sense of belonging
- *Establishing the expectation that group members will be completing homework outside of the group setting*
- *Processing the experience:* What was group like for you? What did you learn about yourself?

### **The Middle Sessions:**

The trust and safety of group members is maintained.

The PSC's leadership responsibilities include:

- *Reviewing confidentiality and ground rules*
- *Checking-in with each group member*
- *Introducing each session's purpose*
- *Relating new content to past content and improvements group members are experiencing*
- *Processing session and work for next session*
- *Preparing for end-of-group issues*

### **The Last Session:**

Group members decide how to apply the skills and information they have learned during the group process.

The PSC's leadership responsibilities include:

- *Reviewing confidentiality:* Reinforce that it must continue after the group ends
- *Resisting the temptation to continue group sessions*
- *Planning time to process:* Make a plan for continuation of newly learned skills

Set up a post-group follow-up session (4-6 weeks later) to encourage accountability for goals and allow the opportunity to share success stories.

*Saying good-bye to group members:* Plan carefully for processing because there may be a temptation to minimize the importance of this process. Remember that, even though group members will continue to see each other, they are saying good-bye to the dynamic that made the group meaningful for them.



## PART 3: ORGANIZING THE SMALL GROUP COUNSELING EXPERIENCE

This section of the Small Group Counseling Module provides steps for planning, implementing, and evaluating small group experiences for students at all levels. Sample documents are included. It is important to modify these documents to meet the needs and policies of your district.

The following steps will be helpful when organizing for small group work:

### **STEP 1. Survey Small Group Counseling Needs and Identify Potential Group Members:**

The purpose of a needs assessment is to determine group topics that will benefit students. Three kinds of surveys will help identify group topics:

1. Teacher/staff surveys to assess their perceptions of student needs
2. Student surveys to assess perceptions of their needs
3. The Missouri Comprehensive Guidance and Counseling Program (MCGCP) Needs Assessment (See MCGCP Manual).

When needs have been identified, teachers and other school staff are surveyed to identify students who would benefit from participating in the groups. These hyperlinked documents will assist you in the small group membership selection process:

[Document 1: Information for School Personnel](#)

[Document 2: Needs Assessment/Student Referral Forms](#)

[Document 3: Assessment of Students' Perceived Needs](#)

[Document 4: Student Behavior Rating Form](#)

**STEP 2. Develop Topic-Specific Small Group Counseling Action Plan:** Develop a small group action plan for each group. The Action Plan includes detailed information concerning the group: description, purpose, rationale, objectives, logistics, risks and safety issues, implementation procedures, and evaluation. The Action Plan puts in writing the subtle considerations of the specific group; the PSC uses the plan to guide development and/or selection of units and sessions. The Action Plan is also an informational document for supervisors and others who may have questions about school-based small group counseling.

[Document 5: Action Plan Template](#)

**STEP 3. Publicity:** Disseminate information about the small groups to various audiences (e.g., teachers, administrators, parents, counselors, students, custodians, bus drivers, school nurse). Methods of communication may include daily announcements, flyers, newsletters, personal invitations, e-mails, and/or website postings. Information and forms may also be distributed and completed at faculty meetings, made available in teacher workroom, faculty lounges, placed in teacher mailboxes, or placed on the district website as appropriate. See links in **Step 1**.

**STEP 4. Conduct Pre-Group Interview/Screening:** This process informs the student of the purpose of small group counseling, assesses the student's readiness and level of interest in group participation and helps determine group membership. Pre-group screening interviews are important. Screenings may be conducted individually or as a group discussion.

The purposes of the group screening process may include:

- Informing students about the group
  - Describe the group.
  - Tell students what they may gain from being in the group.
  - Tell students about group expectations, including participation and confidentiality.
  - Inform students of alternatives if they are not selected for the group
- Gauging students' level of interest and commitment
  - Ask students if they are willing to follow expectations and ground rules.
  - Ask students to rate their level of interest.
- Identifying participants
  - Is the student a willing participant?
  - Hypothesize whether the student will be satisfied with
    - Group focus as it relates to personal needs and goals
    - Other members of the group
    - The process of working in a group

**STEP 5. Select Group Members:** The screening interview leads to the selection of participants. This step aids in predicting the effectiveness of a small group counseling experiences for all members. There may be pressure to select a particular student for a group, however, the decision to involve students in any group should be based on the student's needs and readiness. Offer other services to students who are not selected.

[Document 6: Screening/Selection Procedures](#)

**STEP 6. Obtain Informed Consent:** Although local policy will determine the level of informed consent and when it occurs; it is ethical professional practice to obtain informed consent for all participants in a group. While parental consent is required for minors, it is expected that PSCs obtain student assent as well.

The informed consent step may occur prior to screening interviews. The consent form should provide specific information about the small group so that the student/parent/guardian can make an informed decision about whether or not to participate. Professional school counselors are ethically required to maintain current knowledge about state/national legislation, local school board policy, and the American Counseling Association ([ACA](#)), the American School Counselor Association ([ASCA](#)) and Association for Specialists in Group Work ([ASGW](#)) Ethical Standards for legal and ethical guidelines.

[Document 7: Informed Consent Forms](#)

[Document 8: Participant Guidelines/Ground Rules](#)

**STEP 7. Collect Pre-Group Data:** Planning ahead for data collection is critical. Before the group begins, determine the data to collect. Data may be objective (e.g., grades, attendance, office referrals) and/or subjective (e.g., observations, parental reports, student interviews). Data collection allows the PSC to design group sessions based on the needs of group members and also provides information for results-based evaluation. (For more information on data collection see: [The Missouri Comprehensive Guidance and Counseling Program Manual](#))

[Document 4: Student Behavior Rating Form](#)

**STEP 8. Conduct Sessions:**

[Document 8: Participant Guidelines/Ground Rules](#)

[Document 9: Student Passes \(3 samples\)](#)

[Document 10: Unit Template](#)

[Document 11: Session Template](#)

[Document 12: Teacher/Parent/Guardian Follow-Up Form](#)

[Part 5: Small Group Counseling Sample Units and Sessions](#)

**STEP 9. Collect Post-Group Data:** Post-group data, in conjunction with pre-group data, measures individual and group changes. In order to compare data effectively, it is critical to use identical pre- and post-group data collection criteria and procedures. For example, if you used [Document 4: Student Behavior Rating Form](#) to collect pre-group data, it should be utilized to collect post-group data as well.

**STEP 10. Conduct Post-Group Follow-Up:** The follow-up session (4-6 weeks later) encourages accountability for goals and allows group members the opportunity to share successes and develop further strategies for working on issues.

[Document 13: Student Post-Group Follow-Up Interview Form](#)

**STEP 11. Conduct Evaluation:** The evaluation may include a comparison of pre- and post data, as well as results of the follow-up session and surveys of parent and teacher perceptions of the effectiveness of the group. The PSC may also use data to evaluate the small group counseling action plan and effectiveness of the unit. A brief report may be useful when reporting results to teachers, administrators, parents, students, and other stakeholders. (See: [The Missouri Comprehensive Guidance and Counseling Program Manual](#) for information about evaluation procedures).

[Document 14: Teacher Pre/Post-Group Perceptions Form](#)

[Document 15: Parent/Guardian Post-Group Perceptions](#)

[Document 16: Student Post-Group Perception Forms](#)

[Document 17: Group Summary Form](#)

Adapted from Morganett, R. S. (1990) Skills for living: Group counseling activities for young adolescents. Champaign, IL: Research Press.

## Documents for Small Group Counseling Module

**NOTE:** The documents in this module parallel the documents within each of the small group units. Various components were developed by different teams of professional school counselors over a period of time, and editing changes made. Therefore, slight differences may be noticed in similar forms, and slight variations may occur in titles.

- Document 1. [Information for School Personnel](#)
- Document 2. [Needs Assessment/Student Referral Forms \(3 Samples\)](#)
- Document 3. [Assessment of Students' Perceived Needs](#)
- Document 4. [Student Behavior Rating Form](#)
- Document 5. [Action Plan Template](#)
- Document 6. [Screening/Selection Procedures](#)
- Document 7. [Informed Consent Forms](#)
- Document 8. [Participant Guidelines/Ground Rules.](#)
- Document 9. [Student Passes \(3 samples\)](#)
- Document 10. [Unit Template](#)
- Document 11. [Session Template](#)
- Document 12. [Teacher/Parent/Guardian Follow-Up Form](#)
- Document 13. [Student Post-Group Follow-Up Interview Form](#)
- Document 14. [Teacher Pre/Post-Group Perception Form \(2 Samples\)](#)
- Document 15. [Parent/Guardian Post-Group Perception Form](#)
- Document 16. [Student Post-Group Perception Form](#)
- Document 17. [Group Summary Form](#)

DOCUMENT 1:

**INFORMATION FOR SCHOOL PERSONNEL**

**Note:** Document 1 may be used to remind school personnel of the scope of the Comprehensive Guidance Program and provide descriptions of group topics. Please modify the information to fit the needs of your local district and development level of your students. It is suggested that Document 1 and [Document 2: Needs Assessment/Student Referral Forms](#) be used together.

**To:** School Personnel  
**From:** \_\_\_\_\_, Professional School Counselor  
**Re:** Small Group Counseling  
**Date:** \_\_\_\_\_

Complete and return the attached form to the Guidance and Counseling Office no later than \_\_\_\_\_.

Our district's Comprehensive Guidance Program (CGP) helps all students develop skills in the areas of personal/social, academic, and career development. For those students who need additional support, we offer individual and/or small group work.

Small group counseling opportunities are offered throughout the year. The groups help students remove the barriers to their school success, they support and enhance students' development of social skills and support and promote students' educational achievement. I need your input as I organize groups. As you get to know your students and specific needs arise, small group counseling may meet the unique needs of individual students.

Please complete the attached form ([Document 2: Needs Assessment/Student Referral Forms](#)) to identify relevant group topics and recommend students for participation in specific groups. Feel free to suggest additional topics that will benefit your students and their school success.

Please note that small group counseling may not be the best way to meet the needs of every student. The screening process will help determine the appropriateness of small group counseling for each student.

Possible small group topics:

**Family Changes:** Intended for students whose barriers to school success include challenges related to such life events as divorce, separation, blending families, death, loss, moving, injury, incarceration, or military deployment. Groups will focus on helping students identify thoughts and feelings, develop coping strategies and identify support systems that exist in their environment.

**Healthy Choices:** Intended for students whose barriers to school success include challenges related to personal choices such as time management, stress management, personal hygiene, and unhealthy behaviors. Groups will focus on identifying triggers, building self-esteem and resilience, and making healthier, alternative choices.

**Interpersonal Issues:** Intended for students whose barriers to school success include relationship challenges related to issues such as bullying, harassment, friendship, conflict management, respect for individual and group differences, dating and intimacy, dealing with authority, teen parenting and leadership. Groups will focus on building skills to help students identify thoughts, feelings and triggers, make healthy choices, exercise tolerance and develop self-awareness and self-control.

**Intrapersonal Issues:** Intended for students whose barriers to school success include inner challenges related to issues such as anger management, stress, test anxiety, grief, depression, school phobia, esteem, self-acceptance and identity development (gender, culture, sexuality, values). Groups will focus on developing resilience/coping skills, self-advocacy skills, stress-reduction techniques and skills to improve self-awareness.

**Academic Success:** Intended for students whose barriers to school success include challenges related to academic achievement such as study skills/habits, attendance, decision-making, problem-solving, goal-setting, and transitions/adjustment to new situations. Groups will focus on problem-solving techniques; steps involved in goal-setting and decision-making; finding a connection with school; improving study skills, organizational skills and time management; decreasing test anxiety; and adapting to change.

**Career Exploration:** Intended for students whose barriers to school success include knowledge and understanding of the world of work including: awareness of resources available, aspirations/goal setting, personal planning, work values, self-assessment, decision-making, transition, communication styles, work readiness, and work habits. Groups will help students develop awareness and usage of resources now and in the future. Group activities will help students gain skills to enter the world of work successfully.

**DOCUMENT 2:**

**NEEDS ASSESSMENT/STUDENT REFERRAL FORMS  
(SAMPLE 1 OF 3)**

**Note:** Document 2 includes three samples of Needs Assessment/Student Referral Forms. Any one of the three may be used in conjunction with [Document 1: Information for School Personnel](#). The samples provide starting points for you and are intended to be modified to fit the needs of your district. The needs assessment and referral might be done separately. For example, first conduct a needs assessment to determine priority topics. After topics are selected, request referrals. This is the first of the three samples.

**Teacher's Name:** \_\_\_\_\_

**Grade Level/Subject:** \_\_\_\_\_ **Planning Time** \_\_\_\_\_

As a part of the Responsive Services component of our Comprehensive Guidance and Counseling Program, we will begin organizing small groups.

Please list the names of students you believe would benefit from any of the following groups. Feel free to suggest additional topics that will meet the needs of specific students. After we have identified group topics and potential participants, screening for group membership will begin and members will be selected. **Some students may not be ready to participate in small groups; other interventions may be offered for them.** The groups will meet in the \_\_\_\_\_ for approximately \_\_\_ weeks. Thank you for your assistance in serving the needs of our students.

**Topic: Family Changes**

Students' Names:

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

**Topic: Healthy Choices**

Students' Names:

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

**Topic: Interpersonal Issues**

Students' Names:

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

**Topic: Intrapersonal Issues**

Students' Names:

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

**Topic: Academic Success**

Students' Names:

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

**Topic: Career Exploration**

Students' Names:

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

**Suggested Topic:** \_\_\_\_\_

Students' Names:

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

**Suggested Topic:** \_\_\_\_\_

Students' Names:

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

**Suggested Topic:** \_\_\_\_\_

Students' Names:

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

**Preferred Days/Times for students to participate in small group counseling:**

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

**DOCUMENT 2:**

**NEEDS ASSESSMENT/STUDENT REFERRAL FORMS  
 (SAMPLE 2 OF 3)**

**Note:** This is the second of three sample Needs Assessments/Student Referral Forms. Any one of the three may be used in conjunction with [Document 1: Information for School Personnel](#). This sample is designed for you to be able to add your own descriptions of each group. In addition, space is provided for the referring individual to provide a rating of the level of need and to add comments.

We (school counselors) are in the process of organizing small counseling groups and we need your input. Please identify the topics and students who might benefit from participation in the groups. Small group counseling topics and meeting times will be determined after reviewing the completed forms. Each group will meet for approximately \_\_\_\_\_ minutes, once a week for \_\_\_\_\_ weeks

**Teacher's Name:** \_\_\_\_\_ **Grade Level/Subject:** \_\_\_\_\_ **Planning Time** \_\_\_\_\_

Please list any students who could benefit from the groups listed. Please rate each student's need; add comments as appropriate.

**Rating Scale:** 1 – Extremely concerned  
 2 – Moderately concerned  
 3 – Mildly concerned

**Name of Group – (Description)**

Student Name	Rating	Comments

**Name of Group – (Description)**

Student Name	Rating	Comments

**Name of Group – (Description)**

Student Name	Rating	Comments

**Name of Group – (Description)**

Student Name	Rating	Comments

**Please list days/times that are convenient for students to be out of your classroom:**

\_\_\_\_\_

\_\_\_\_\_

**Please complete and return to Guidance and Counseling Office by \_\_\_\_\_.**  
**Thank you!**

\_\_\_\_\_, **Professional School Counselor**



DOCUMENT 2:

**NEEDS ASSESSMENT/STUDENT REFERRAL FORMS  
(SAMPLE 3 OF 3)**

**Note:** This is the third of three sample Needs Assessments/Student Referral Forms. Any one of the three may be used in conjunction with [Document 1: Information for School Personnel](#). This sample provides referring individuals with examples of problems students might face in each of the group topic areas. This sample offers the convenience of not having to refer back to Document 1: Information for School Personnel.

**Complete and Return to Guidance and Counseling Office by \_\_\_\_\_**

**Teacher's Name:** \_\_\_\_\_

**Grade Level/Subject:** \_\_\_\_\_ **Planning Time** \_\_\_\_\_

**Please indicate students who may be experiencing barriers to school success in the following areas:**

**Family Changes:** (e.g., divorce, separation, blending families, death, loss, moving, injury, incarceration, or military deployment)

---

---

**Healthy Choices:** (e.g., time management, stress management, personal hygiene, and unhealthy behaviors)

---

---

**Interpersonal Issues:** (e.g., bullying, harassment, friendship, conflict management, respect for individual and group differences, dating and intimacy, dealing with authority, teen parenting and leadership)

---

---

**Intrapersonal Issues:** (e.g., anger management, stress, test anxiety, grief, depression, school phobia, esteem, self-acceptance and identity development)

---

---

**Academic Success:** (e.g., study skills/habits, attendance, decision-making, problem-solving, goal-setting, and transitions/adjustment to new situations)

---

---

**Career Success:** (e.g., awareness of resources available, aspirations/goal setting, personal planning, work values, self-assessment, decision-making, transition, communication styles, work readiness, and work habits)

**DOCUMENT 3:**

**ASSESSMENT OF STUDENTS' PERCEIVED NEEDS**

**Note:** This document is an example of an assessment of students' perceived needs and/or interest for themselves and their peers. It may be used in conjunction with a modified version of [Document 1: Information for School Personnel](#). The preferences indicated by students will be helpful as you determine small counseling group topics to be offered during the current school year.

SCHOOL DISTRICT NAME \_\_\_\_\_  
 SCHOOL NAME \_\_\_\_\_  
 GUIDANCE AND COUNSELING \_\_\_\_\_

Dear Students:

We need your ideas! We are preparing for the group counseling topics to be addressed this year. Counseling groups are an opportunity for 4-10 students to come together to learn new skills and/or address concerns about such areas as relationships, making healthy decisions, dealing with divorce in families, study skills and career choices. What groups would you be interested in joining? What groups do you think your friends/peers might need or be interested in joining?

**RETURN FORM TO GUIDANCE AND COUNSELING OFFICE BY \_\_\_\_\_**  
**Provide Name Only If You Want To Participate In A Group**

**First/Last Name \_\_\_\_\_ Grade Level \_\_\_\_\_**

<b>Group Topics</b> Please check group topics of interest or need and indicate the groups in which you want to participate.	<b>This would be a helpful group for students</b>	<b>I am interested in participating in this group</b>
1. Family Changes (e.g. divorce, re-marriage, birth of a sibling)		
2. Self-Control		
3. Friendship		
4. Anger Management		
5. Grief/Loss		
6. Courage to Make Healthy and Safe Personal Choices		
7. Conflict Resolution		
8. Relationships with Adults (parents/teachers/others)		
9. Belief in Myself		
10. Confronting the Bully		
11. Study Skills		
12. Motivation to Study and Do My Homework		
13. Organizing Myself for Studying and Improving My Grades		
14. School Success		
15. Decision-making—Now and for the Future		
16. Questions about “life”—and Growing-Up		
<b>Other Topics of Interest (use back if necessary)</b>		

**Your thoughts and comments about groups:**

**Thanks for Your Input!**

**DOCUMENT 4:**

**STUDENT BEHAVIOR RATING FORM**  
**(Adapted from Columbia Public Schools Rating Form)**

**Note:** (See also [Document 14: Teacher Pre/Post-Group Perception Form](#)). This document is not limited to a single purpose—it may be used in several ways. In the *Small Group Counseling Module*, it is suggested as a pre-and post-group measure of students' behavior. Used in this way, it forms the basis for evaluating the effectiveness of the group experience. In addition, the form may be used for referral when a referring individual has multiple concerns about an individual student. The listing of behaviors is valuable in consultation with other professionals, parents AND students. Modify to fit your needs!

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

<b>Teachers:</b> please indicate areas of concern in the left hand column.	<b>Counselor:</b> use columns on right side. <b>Performance Indicators:</b> (+) = Excellent (/) = Satisfactory (-) = Area of Concern						
<b>Teacher Concerns</b>  (mark with X)	<b>Student Work Habits/Personal Goals Observed</b>	<b>Counselor</b> <i>(Modify to fit school marking periods (e.g. quarters, trimesters))</i>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Marking Period 1</td> <td style="width: 20%; text-align: center;">Marking Period 2</td> <td style="width: 20%; text-align: center;">Marking Period 3</td> <td style="width: 20%; text-align: center;">Marking Period 4</td> <td style="width: 20%; text-align: center;">Marking Period 5</td> </tr> </table>	Marking Period 1	Marking Period 2	Marking Period 3	Marking Period 4	Marking Period 5
Marking Period 1	Marking Period 2	Marking Period 3	Marking Period 4	Marking Period 5			
	<b>Academic Development</b>						
	Follows directions						
	Listens attentively						
	Stays on task						
	Compliance with teacher requests						
	Follows rules						
	Manages personal & school property (e.g., organized)						
	Works neatly and carefully						
	Participates in discussion and activities						
	Completes and returns homework						
	<b>Personal and Social Development</b>						
	Cooperates with others						
	Shows respect for others						
	Allows others to work undisturbed						
	Accepts responsibility for own misbehavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)						
	Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)						
	<b>Career Development</b>						
	Awareness of the World of Work						
	Self-Appraisal						
	Decision Making						
	Goal Setting						
	<b>Add Other Concerns:</b>						
	<b>External Issues</b> (e.g., divorce, death, abuse, socio-economic, incarceration, deployment)						
	<b>Other</b>						
	<b>School Record Data (To be completed by PSC)</b>						
	Attendance: # of days absent						
	Attendance: # of days tardy						
	Discipline: # of referrals						
	Grades						

**DOCUMENT 5:**

**ACTION PLAN TEMPLATE**

**Note:** Develop an Action Plan for each group to be offered. In addition to helping you feel confident as you begin the groups, written plans prepare you to answer with confidence and competence the hard questions others may ask about the group process. The Action Plan will prepare you to answer questions from parents, teachers, and administrators. As with all other forms, modify this to fit your specific situation. (Note: As you type within the template, the “boxes” will expand.)

**ACTION PLAN FOR \_\_\_\_\_ GROUP**

**Group Description and Rationale**

Group Topic: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Demonstrated Need for Group: \_\_\_\_\_

**Group Objectives/Key Points (Clear and measurable)**

**Unit Objectives:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Session Objectives/Key Points**  
Session 1 Objectives & Key Points  
Session 2 Objectives & Key Points  
Session 3 Objectives & Key Points  
Session 4 Objectives & Key Points  
Session 5 Objectives & Key Points  
Session 6 Objectives & Key Points

**Logistics**

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Minimum/Maximum number of participants: \_\_\_\_\_  
Time(s) and Day(s) of the Week: \_\_\_\_\_ Length of each session \_\_\_\_\_ Number of Sessions: \_\_\_\_\_  
Location: \_\_\_\_\_ Room Arrangement: \_\_\_\_\_

**Legal/Ethical/Moral Considerations, Risks and Safety Issues (Refer to [ACA](#), [ASCA](#), and [ASGW](#) Ethical Standards/Best Practices for guidelines)**

Psychological Risks (change is always a risk): What specific risks are inherent in this group?  
Informed Consent (Necessary? [Yes] How obtained? From Whom?):  
Confidentiality (Even though we cannot guarantee confidentiality when group members leave group sessions, we can encourage it.: To the extent possible, how will confidentiality be addressed and maintained? What will happen if the trust of confidentiality is broken?)  
[Document 8: Participant Guidelines/Ground Rules](#)

**Procedures**

Techniques to be utilized (e.g. role playing, board games, discussion, team-building activities, journaling)

**Results-Based Evaluation of Group’s Effectiveness**

Results Based Data Collection Procedures: pre/post results & perceptual data; data analysis—How? By whom?  
Report Results: Format? (e.g. Narrative, PowerPoint) To Whom? (e.g. faculty, Board of Education, Administration)

**DOCUMENT 6:**

**SCREENING/SELECTION PROCEDURES**

**Note:** The information in this document will guide you through the selection of group members. Screening/selecting group members is a critical step. It is the PSCs responsibility to educate others about the need to choose group members carefully. PSCs must strive to ensure that all students will have a successful group experience. PSCs should also offer alternatives to students who are not selected as group members.

**Before you begin:** Read/Review: [ACA](#) / [ASCA](#) / [ASGW](#) Ethical Standards/Best Practices, especially ACA Standard A.8 Group Work; ASCA Standard A-6 Group Work; and ASGW Best Practices Standard A.7 Group and Member Preparation. The links will take you to the complete ethical standards/best practices documents for each organization. If you are not familiar with the Association for Specialists in Group Work (ASGW), you are encouraged to familiarize yourself with the [Training Standards](#) as well as the best practices.

This document presents information that is most relevant to screening/selection of members for voluntary school-based small group work. It is beyond the scope of this document to present all aspects of the screening/selection process. Consult group work literature for a more complete review. As you plan for the selection of group members consider the following:

- ▶ Your ethical responsibility throughout the screening/selection process.
- ▶ Not every student will benefit from small group counseling. There may be pressure to select a particular student for a group, however, the decision to involve students in any group is at the discretion of the PSC and should be based on the student's needs and readiness. Consider offering other services to students who are not selected.
- ▶ Groups present the opportunity for personal growth.
- ▶ Groups may have the potential for negative effects.
- ▶ Individuals who are selected as group members must be able to benefit from group experiences as well as help others benefit.
- ▶ Individuals who have the potential for hurting themselves or others must have their needs addressed in another way.

**Preparation**

Before you screen or interview new members, it is important to be clear about the following:

- ▶ Group topic
- ▶ Group goals
- ▶ Group tasks
- ▶ Procedures for accomplishing tasks
- ▶ Target group (for whom is the group intended?)
- ▶ Group composition (participants' grade level, gender, learning style)
- ▶ Structured versus unstructured group facilitation (see [Part 3: Organizing the Small Group Counseling Experience](#))
- ▶ Membership: open versus closed (see [Part 3: Organizing the Small Group Counseling Experience](#))
- ▶ Group Action Plan, it will help develop clarity about the group

\*\*For more information on group processes, refer to [Part 4: Small Group Counseling Resources](#).

## Pre-Group Screening Interviews

Keep two assumptions in mind throughout the screening process:

- ▶ The group is an agent of change
- ▶ Group members' interactions produce therapeutic results, for self and for other members.

When the group begins, the PSC and each group member must:

- ▶ Understand and accept the ground rules
- ▶ Agree to maintain confidentiality
- ▶ Understand group member responsibility with regard to confidentiality
- ▶ Understand leader responsibility with regard to confidentiality

## Goals of Screening:

- ▶ To select individuals who will contribute to a climate that maximizes open interaction between and among group members.
- ▶ To select individuals who will actively work toward individual and group goals.

Not all students will meet selection criteria. Students who are not selected may feel rejected. It is your ethical responsibility to talk with them about their non-selection and provide an alternative.

Rosemarie Smead, a leader in school-based group work, has developed the “**TAP-In**” process for pre-group screening interviews (Morganett, 1990):

**T**ell student about the group.

**A**sk student about his or her level of interest/commitment to expectations of group,

**P**ick participants.

The following lists are examples of the topics you might address during screening. All factors will be considered when it comes time for the final selection. A “positive” or “negative” response to a question does not automatically indicate inclusion/exclusion of an individual. Your goal is to pick students who will benefit themselves as well as others in the therapeutic process of meeting the goals of the group.

## Tell about the Group:

- Describe the group:
  - Group topic
  - Meetings: day, time, length of each session, total number of sessions
  - Expectations of participants: attend every meeting unless there is an illness or an emergency
  - Reason student is being considered for membership in group .
  - Participation in the group is voluntary/involuntary.
- Tell student what he or she will gain from being in the group
  - Goals/outcomes
  - Meet new people and get to know others better
  - Work on individual as well as group goals.
  - Learn new skills
  - Being in a group can be fun.
- Tell the student about the expectations of members of a small group.
  - Attend the group every week
  - He or she is expected to maintain confidentiality about what occurs in the group.
    - Everything said in the group stays in the group.
    - PSC keeps information confidential unless:
      - Someone (outside the group) is hurting a participant

- A group member is hurting someone
- A group member is thinking about hurting himself or herself
- He or she is expected to participate.
  - PSC will make sure everyone gets a chance to talk
  - Listening is a part of participation
  - Members help others in the group
  - Members respect and value each other's situation.

## Ask the student about his or her interest and commitment

- Ask student to explain his or her understanding of what you have said about the group
- Ask student what questions he or she has about any part of the group process
- Ask student if he or she is interested in the group, and why or why not
- Ask if student is seeing another counselor, inside or outside school
- Ask if student is willing to adhere to expectations/ground rules (e.g. attendance, confidentiality, cooperative participation, sharing information about thoughts and feelings related to topic).
- Ask student what his or her goals for growth are (or might be).
- Ask student to rate his or her interest in participating in the group on a scale of 1-10.

## Pick members

- Is the student willing to participate in the primary tasks of the group?
- What is the student's reason for wanting to be in the group?
- Hypothesize whether student will be satisfied with:
  - The group focus and being able to meet personal needs or goals
  - Other members in the group
  - The process of working in a group and an overall enjoyment of group work
- Will student be able to apply/transfer group experiences to other life areas/relationships?
- Has student experienced a recent crisis or situation that would block participation in this group?
- During interview, was student able to interact with you on a personal level?
- Are student's expectations aligned with stated group outcomes/other members' expectations?
- On a scale of 1-10, how motivated is student to participate fully in the group experience?

## Final Selection

Unfortunately, there is not a magic formula that will predict any one student's effectiveness as a group participant. The T-A-P questions (Morganett, 1990) provide direction and information that must be balanced with what you know about the group, the student, yourself, your professional wisdom and intuitive reaction.

### Reference:

Morganett, R. S. (1990). *Skills for living: Group counseling activities for young adolescents*. Chicago: Research Press.

DOCUMENT 7:

**INFORMED CONSENT FORMS  
(SAMPLE 1 OF 2)**

**Note:** Document 7 includes two sample documents for obtaining the consent of parents/guardians. The two samples are similar and offer you the opportunity to modify one or the other or to combine the two. When considering informed consent, it is important to remember that parents and guardians have the (legal) right to be the guiding voice in students' lives (Stone, 2005). **If a parent does not give consent, accept the decision. It is their right.** This is the first of the two samples.

Dear Parent/Guardian:

Our district's Comprehensive Guidance and Counseling Program emphasizes the importance of academic and life success for every student. During the school year, students have the opportunity to participate in small groups. Small group counseling is an excellent way for students to learn skills, develop self-awareness and confidence, practice new behaviors, and better understand how to effectively deal with some of the issues/concerns life presents. We have found that when we work with students in groups, they gain support from others who are experiencing similar situations or who have adjusted well after experiencing a similar situation in the past.

Your child has expressed an interest in participating in a group called \_\_\_\_\_ which will begin on \_\_\_\_\_. The group will focus on helping students identify and understand common thoughts and feelings associated with the experience of \_\_\_\_\_, developing positive coping strategies and learning from the shared experiences of other students in similar circumstances. This group will meet \_\_\_\_\_ for approximately \_\_\_\_\_ weeks for \_\_\_\_\_ each week. We will meet at different times during the school day to minimize the content missed in each class. Classroom requirements will take precedence over group participation.

Please understand that participation in the group is completely voluntary and student confidentiality is addressed and respected. The exception to this is my legal and ethical responsibility to take appropriate action in the case of an individual intending to do harm to self or others; if abuse or neglect is suspected, if illegal activity is reported to me or if I am required to do so by a court of law. Please contact me at (\_\_\_\_) \_\_\_\_\_ if you have questions or desire further information about the group.

In order for your child to participate in this group, district policy requires your signed consent. Please sign, date the following form and return it to the Guidance and Counseling office by \_\_\_\_\_.

Educationally,

\_\_\_\_\_, Professional School Counselor

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_ Web Site: \_\_\_\_\_

----- **-cut here, return bottom portion and keep the top portion for your records-** -----

**Consent/Non-Consent to Participate In Group**  
Please return to the Guidance and Counseling office by \_\_\_\_\_

I have read the information provided by the Professional School Counselor and have had an opportunity to ask questions about small group counseling for my child.

\_\_\_ **I give consent** for my child to participate in the \_\_\_\_\_ group. I understand that participation is completely voluntary and that classroom requirements take precedence over group participation.

\_\_\_ **I do not give consent** for my child to participate in the \_\_\_\_\_ group.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



DOCUMENT 7:

**INFORMED CONSENT FORMS  
(SAMPLE 2 OF 2)**

**Note:** This is the second of two samples of informed consent. Note that this sample includes a place for the student's signature. In the case of a student who is 18 or older, parental permission may or may not be required. It is incumbent upon high school PSCs to familiarize themselves with local/state law when considering informed consent for participation of married students, emancipated students, 18 or older students who are considered dependents by tax code.

**School Name  
Comprehensive Guidance and Counseling Program**

Dear Parents/Guardian/Student,

Our district's Comprehensive Guidance and Counseling Program includes the opportunity for students to participate in small group counseling experiences. We will be beginning this year's groups on \_\_\_\_\_. Each group will meet once a week for approximately \_\_\_\_\_ minutes each week. We will rotate the times that we meet to follow-through on the district's goal of maximizing your son's or daughter's academic progress. Even though the small group counseling experience will have a positive effect on your child's progress, the immediacy of classroom requirements will take precedence over group participation.

*(PSC—Add description of group here—e.g.: The anger management group is designed for high school students who are having trouble managing their anger. We will be discussing not only what triggers angry outbursts, but also positive ways to control this anger.)*

Please note that participation in the group is completely voluntary and confidentiality will be addressed and respected. Please sign the form below to indicate your consent (or non-consent). Please include comments that might be beneficial when working with your son or daughter. Complete and return the consent portion to the Guidance and Counseling office no later than \_\_\_\_\_. You may contact me for more information at the number below.

\_\_\_\_\_, Professional School Counselor

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Web Site \_\_\_\_\_

----- cut here and return lower portion -----

**Consent for Participation in: \_\_\_\_\_ Group  
Please Return to the Guidance and Counseling Office by: \_\_\_\_\_**

\_\_\_\_\_  
Student Name Student Signature\* Date

\*Students age eighteen and over may or may not be required to have a parent/guardian signature.

- I give my consent for my son or daughter to participate in the \_\_\_\_\_ Group.
- I do not give my consent for my son or daughter to participate in the \_\_\_\_\_ Group.

Parent/Guardian (please print) \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

**DOCUMENT 8:**

**PARTICIPANT GUIDELINES/GROUND RULES**

**Note:** Commonly understood ground rules provide group members and the PSC with parameters for monitoring participation. Ground rules are most effective when they are posted and reviewed at the beginning of each session. Referencing ground rules helps maintain their importance. Encouraging group members to monitor participation creates a sense of ownership and facilitates group members’ mutual responsibility for the effectiveness of the group.

**Participant Guidelines/Ground Rules for Our Group**

The following ground rules are suggestions to help generate additional group ground rules. Group members will delete and/or add items. It is anticipated that the ground rules will be slightly different for each topic group. The **“Looks Like”** and **“Sounds Like”** columns are included in order to allow group members to express in their own words what each rule means.

	<b>“Looks Like”</b>	<b>“Sounds Like”</b>
1. All group members understand and respect confidentiality.		
a. Professional School Counselor		
b. Group members		
2. One person speaks at a time.		
3. Everyone has an opportunity to participate and share.		
4. Use only respectful words and responses		
5. All group members will treat each other with respect.		
6. Make every effort to be on time		
7. All group members are encouraged to actively participate		
8. Group members have the right to pass on an issue		
9. Group members will be encouraged to have an open mind and accept where other group members are in their development.		
10. Group members will have the opportunity to develop other guidelines.		
11.		
12.		

**DOCUMENT 9:**

**STUDENT PASSES  
(SAMPLE 1 OF 3)**

**Note:** This document includes three sample passes. The passes serve three primary purposes: **1.** to validate students' participation, **2.** to serve as a reminder of group meeting times, **3.** to verify that students attended the group session. They may be put in teachers' mailboxes on the day of the group session. If your district has a standard form to be used as a "hall pass," consider other means for reminding teachers and students of group sessions. *(Consider printing the form on brightly colored paper. Use the same color for all passes/reminders of appointments in the Guidance and Counseling Office.)*

**Name of District/School  
Comprehensive Guidance and Counseling Program  
Student Hall Pass**

The following student has permission to participate in small group counseling on \_\_\_\_\_  
Date  
at \_\_\_\_\_ in the Guidance and Counseling Office.  
Time

Student's Name: \_\_\_\_\_ Class \_\_\_\_\_

Classroom Teacher's Name & Signature \_\_\_\_\_

Time Student Left Guidance and Counseling Office \_\_\_\_\_

Professional School Counselor's Signature \_\_\_\_\_

*Missouri Comprehensive Guidance and Counseling Programs: Linking School Success with Life Success*

-----

**Name of District/School  
Comprehensive Guidance and Counseling Program  
Student Hall Pass**

The following student has permission to participate in small group counseling on \_\_\_\_\_  
Date  
at \_\_\_\_\_ in the Guidance and Counseling Office.  
Time

Student's Name: \_\_\_\_\_ Class \_\_\_\_\_

Classroom Teacher's Name & Signature \_\_\_\_\_

Time Student Left Guidance and Counseling Office \_\_\_\_\_

Professional School Counselor's Signature \_\_\_\_\_

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**DOCUMENT 9:**

**STUDENT PASSES  
(SAMPLE 2 OF 3)**

**Note:** This document differs from the first sample because it specifies participation in small group counseling and provides a space for your comments and/or reminders of group materials to take to session.

**Name of District/School  
Comprehensive Guidance and Counseling Program**

Date \_\_\_\_\_

To: \_\_\_\_\_ Class/Teacher \_\_\_\_\_

Please come to your counseling group at \_\_\_\_\_ on \_\_\_\_\_  
(Time) (Date)

Comments:

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

Thank you, \_\_\_\_\_, Professional School Counselor

PSC's initials \_\_\_\_\_ Time student left group session \_\_\_\_\_

*Missouri Comprehensive Guidance and Counseling Programs: Linking School Success with Life Success*

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**Name of District/School  
Comprehensive Guidance Program**

Date \_\_\_\_\_

To: \_\_\_\_\_ Class/Teacher \_\_\_\_\_

Please come to your counseling group at \_\_\_\_\_ on \_\_\_\_\_  
(Time) (Date)

Comments:

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

Thank you, \_\_\_\_\_, Professional School Counselor

PSC's initials \_\_\_\_\_ Time student left group session \_\_\_\_\_

*Missouri Comprehensive Guidance and Counseling Programs: Linking School Success with Life Success*

**DOCUMENT 9:**

**STUDENT PASSES (SAMPLE 3 OF 3)**

**Note:** This sample may be used as a “generic” pass to the Guidance and Counseling Office.

**Name of District/School**  
**Comprehensive Guidance and Counseling Program**

Date \_\_\_\_\_

To: \_\_\_\_\_ Class/Teacher \_\_\_\_\_

Please come to:

- The Guidance & Counseling Office today at \_\_\_\_\_ with your teacher’s permission.
- The Guidance & Counseling today the last \_\_\_\_\_ minutes of \_\_\_\_\_ hour with your teacher’s permission.
- Your counseling appointment at \_\_\_\_\_ on \_\_\_\_\_.  
(Time) (Date)

Comments:

Thank you, \_\_\_\_\_, Professional School Counselor

PSC’s initials \_\_\_\_\_ Time student left session \_\_\_\_\_

*Missouri Comprehensive Guidance and Counseling Programs: Linking School Success with Life Success*

-----  
**Name of District/School**  
**Comprehensive Guidance and Counseling Program**

Date \_\_\_\_\_

To: \_\_\_\_\_ Class/Teacher \_\_\_\_\_

Please come to:

- The Guidance & Counseling Office today at \_\_\_\_\_ with your teacher’s permission.
- The Guidance & Counseling today the last \_\_\_\_\_ minutes of \_\_\_\_\_ hour with your teacher’s permission.
- Your counseling appointment at \_\_\_\_\_ on \_\_\_\_\_.  
(Time) (Date)

Comments:

Thank you, \_\_\_\_\_, Professional School Counselor

PSC’s initials \_\_\_\_\_ Time student left session \_\_\_\_\_

*Missouri Comprehensive Guidance and Counseling Programs: Linking School Success with Life Success*

**DOCUMENT 10:**

**UNIT TEMPLATE**

**Note:** This document (Unit Template) and the next (Session Template) will guide in the planning of counseling groups. It is a companion to [Document 5: Action Plan Template](#). A written plan guides the development of the details of issues related to the overall logistics and ethical/legal considerations, while the Unit and Session templates guide the development of the details of the group-in-action. There may be some overlap; however, each serves a unique purpose and all three are important to the successful implementation of group counseling experiences for students. *(Note: As you type within the template, the “box” will expand.)*

**GROUP TITLE/THEME:**

**Grade Level(s):**  
**Small Group Counseling Description:**  
**Number of Group Sessions:**

**Session Titles/Materials:**  
 Session # 1:  
     Materials needed:  
 Session # 2:  
     Materials needed:  
 Session# 3  
     Materials needed:  
 Session # 4  
     Materials needed:  
 Session # 5  
     Materials needed:  
 Session # 6  
     Materials needed:

**Missouri Comprehensive Guidance and Counseling Program Domain:**  
**Missouri Comprehensive Guidance and Counseling Program GLS:**  
**American School Counselor Association (ASCA) National Standard:**

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

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

**Outcome Assessment (acceptable evidence):**

Summative assessment relates to the performance outcome for goals, objectives and concepts (GLSs). Assessment may be survey, whip around, action plan, role play and/or other means for students to demonstrate their ability to apply the concepts in new situations.

**Follow Up Ideas & Activities**

Implemented by counselor, administrators, teachers, parents, community partnerships

DOCUMENT 11:

**SESSION TEMPLATE**

**Note:** This template provides guidelines for developing counseling group sessions outlined in the [Unit Template](#) and your Action Plan. (Note: As you type within the template, the “box” will expand.)

**GROUP TITLE:**

**Session Title:**  
**Grade Level:**

**Session # \_\_\_\_\_ of \_\_\_\_\_**  
**Estimated Time:**

**Small Group Counseling Session Purpose:**

**Missouri Comprehensive Guidance and Counseling Domain:**

**Missouri Comprehensive Guidance and Counseling Program GLS:**

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

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

**Session (Formative) Assessment**

**Session Preparation**

**Essential Questions:**

**Engagement (Hook):**

**Procedures**

**Professional School Counselor Procedures:**

- 1.
- 2.
- 3.
- 4.

**Student Involvement:**

- 1.
- 2.
- 3.
- 4.

**Follow-Up Activities (Optional)**

*PSC will provide suggestions for follow-up activities to be implemented by counselor, administrators, teachers, parents, community partnerships*

**Counselor reflection notes (completed after the lesson)**

**STUDENT LEARNING:** How will students' lives be better as a result of what happened during this lesson?

**SELF EVALUATION:** How did I do?

**IMPLEMENTATION PROCEDURES:** How did the session work?

DOCUMENT 12:

**TEACHER/PARENT/GUARDIAN FOLLOW-UP FORM**

**Note:** 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/or at 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.



**DOCUMENT 13:**

**STUDENT POST-GROUP FOLLOW-UP INTERVIEW FORM**

**Note:** This document serves as an example of a way to follow students' success in maintaining changes. It may also be used as a means for gathering data about students' perceptions of the effectiveness of the group. Students who participate in follow-up sessions after a group ends are more likely to maintain the gains made. The Professional School Counselor (PSC) should make arrangements to talk with group members individually and hold at least one more group session 4-6 weeks after the group has ended. The follow-up session will enable the PSC to assess how students are doing on their goals and the successes they are experiencing as a result of the group. Follow-up sessions provide data that will demonstrate the proven effectiveness of small group counseling.

**Follow-up Interviews/Session with Students**

**Potential Interview Questions:**

How are things going?

What specific skills are you practicing now that the group is over?

What was the most useful thing you learned from the group?

What skills would you like to practice?

How are things different for you now?

What is better?

What is in need of improvement?

What progress have you made toward the goals you set for yourself at the end of our group meetings?

How are you keeping yourself accountable?

What suggestions do you have for future groups?

Rank your overall experience on a scale from 5 → 1 : \_\_\_\_\_

5 = Most positive activity in which I have participated for a long time

4 = Gave me a lot of direction with my needs

3 = I learned a lot about myself and am ready to make definite changes

2 = I did not get as much as I had hoped out of the group

1 = The group was a waste of my time

What contributed to the ranking you gave your experience in the group? What could have made it better?

**DOCUMENT 14:**

**TEACHER PRE/POST-GROUP PERCEPTION FORM  
 (SAMPLE 1 OF 2)**

**Note:** Samples 1 & 2 of Document 14 provide you with examples of two ways to gather data about teachers' post-group perceptions of the effectiveness of the group. **Sample 1** measures teachers' perceptions of the changes the student made as a result of the group experience. **Sample 2** measures the teacher's perceptions of the counseling group as a whole. An advantage to using form 2 is that it parallels [Document 15: Parent/Guardian Post-Group Feedback Form](#) and [Document 16: Student Post-Group Perception Form](#); thus, making it possible to compare teacher, parent and student perceptions of the group experience.

Note: The classroom teacher completes Part 1 of this document before students begin group sessions and completes Part 2 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.

**Sample 1: 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=Extreme→3=Moderate→1 = None)					Student Work Habits/Personal Goals Observed <i>Colleagues, please help 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=Extreme→3=Moderate→ 1 = None)				
5	4	3	2	1		5	4	3	2	1
					<b>Academic Development</b>					
					Follows directions					
					Listens attentively					
					Stays on task					
					Compliance with teacher requests					
					Follows rules					
					Manages personal & school property (e.g., organized)					
					Works neatly and carefully					
					Participates in discussion and activities					
					Completes and returns homework					
					<b>Personal and Social Development</b>					
					Cooperates with others					
					Shows respect for others					
					Allows others to work undisturbed					
					Accepts responsibility for own misbehavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)					
					Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)					
					<b>Career Development</b>					
					Awareness of the World of Work					
					Self-Appraisal					
					Decision Making					
					Goal Setting					
					<b>Add Other Concerns:</b>					

**DOCUMENT 14:**

**TEACHER PRE/POST-GROUP PERCEPTIONS**

**Note:** This document measures the teacher’s perceptions of the effectiveness of the group as a whole. The teacher could complete this form after the last group session has been completed.

(SAMPLE 2 OF 2)

**TEACHER PRE/POST-GROUP PERCEPTIONS FORM**

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:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Using a scale of 5 to 1 (5 =strongly agree and 1=strongly disagree), please circle your opinion about the following**

What do you think?	5=Strongly Agree 3= Neutral 1=Strongly Disagree				
Overall, I would rate my students’ experience in the counseling group as positive.	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
<b>Additional Comments for Counselor:</b>					

**DOCUMENT 15:**

**PARENT/GUARDIAN POST-GROUP PERCEPTION FORM**

**Note:** This cover letter and parent feedback form may be sent home with students after the last group session.

**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 your observations of 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 to provide your name for the school counselor to contact you. We appreciate your feedback.

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 =strongly agree and 1=strongly disagree), please circle your opinion about the following:**

What do you think?	<b>5=Strongly Agree</b> <b>3= Neutral</b> <b>1=Strongly Disagree</b>				
Overall, I would rate my student's experience in the counseling group as positive	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 students might benefit from the small group.	5	4	3	2	1

**Additional Comments:**

**DOCUMENT 16:**

**STUDENT POST-GROUP PERCEPTION FORM**  
**(Sample 1 of 2)**

**Note:** This student feedback form may be sent home with group members after the last group session. This form measures the group member’s perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the secondary level form.

**STUDENT FEEDBACK FORM**

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 =strongly agree and 1=strongly disagree), please circle your opinion about the following:**

<b>What do you think?</b>	<b>5=Strongly Agree 3= Neutral 1=Strongly Disagree</b>				
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1
I enjoyed working with other students in the group	5	4	3	2	1
I enjoyed working with the counselor in the group.	5	4	3	2	1
I learned new skills and am using the skills in school	5	4	3	2	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
<b>Additional Comments for the Counselor:</b>					

DOCUMENT 16:

**STUDENT POST-GROUP PERCEPTIONS**  
**(Sample 2 of 2)**

**Note:** This feedback form may be sent home with group members after the last group session. This form measures the group member's perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the elementary level form.


**STUDENT FEEDBACK FORM**


**Directions:** Please complete the Student Feedback Form after the last group session.


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

When I started the group, I wanted to learn about \_\_\_\_\_  
Topic of 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.


 = I agree


 = I'm not sure

 = I disagree


1. Overall, I would rate my experience in the counseling group as:


 = I agree


 = I'm not sure

 = I disagree


2. I enjoyed working with other students in the group


 = I agree


 = I'm not sure

 = I disagree


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


 = I agree


 = I'm not sure

 = I disagree


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


 = I agree


 = I'm not sure

 = I disagree

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

 = I agree

 = I'm not sure

 = I disagree

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

DOCUMENT 17:

## GROUP SUMMARY FORM

**Note:** This letter may be sent home with students after the last group session.

(Print on **SCHOOL LETTERHEAD**)  
**Comprehensive Guidance and Counseling Program**

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

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

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

Dear \_\_\_\_\_,

I have enjoyed getting to know your student in our small group counseling sessions. This week was 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: \_\_\_\_\_

Session 6: \_\_\_\_\_

Comments from the school counselor about your student's progress:

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

Sincerely,

Professional School Counselor

DOCUMENT 18:

**Small Group Counseling Guidelines Poster**

**Note:** This list may be used as best meets the students' age/grade level. It could be posted in the room, handed out to the students, or turned in to a worksheet with space for each group to add their own guidelines.

## Small Group Counseling Guidelines

1. All participants observe confidentiality.
  - a. Counselor
  - b. Student
2. Everyone will be an active listener.
3. Everyone has an opportunity to participate and share.
4. Use positive language.
5. All participants will treat each other with respect.



## Part 4: SMALL GROUP COUNSELING RESOURCES

**Note:** Inclusion on the list of print resources does not imply endorsement by the Missouri Department of Elementary and Secondary Education (DESE). PSCs may use the resources as they plan, implement and evaluate school-based small group counseling. The list is limited. Please help us expand the list. Let us know about electronic or print resources that you have found valuable in your work. Send your ideas to DESE Director of Guidance and Counseling.

### I. Web Pages for Agencies/Organizations

**Missouri Department of Elementary and Secondary Education (DESE):  
Guidance and Placement**

[http://dese.mo.gov/divcareered/guidance\\_placement\\_index.htm](http://dese.mo.gov/divcareered/guidance_placement_index.htm)

Information about career education/guidance in the State of Missouri; site includes links to other DESE Divisions and national resources.

**Missouri Center for Career Education (MCCE)**

<http://www.missouricareereducation.org/for/content/guidance/responsive.php>

Materials related to the Missouri Comprehensive Guidance Program. Check back often because new resources are added as they become available.

**Missouri School Counselor Association (MSCA): State association for  
Professional School Counselors (PSC)**

<http://www.moschoolcounselor.org/>

Information and materials related to PSCs and the profession. Includes links to Missouri Comprehensive Guidance Program resources.

**American Counseling Association (ACA): Association for all Professional  
Counselors**

<http://www.counseling.org>

The ACA website provides links to all Divisions, including ASCA and ASGW. ACA represents professional counselors in all specialty areas. The link to the counseling profession's over-arching ethical standards is especially relevant for the *Small Group Counseling Module*.

**American School Counseling Association (ASCA): Association for information  
and materials related specifically to the profession of school counseling.**

<http://www.schoolcounselor.org>

The on-line bookstore is a resource for the latest in publications related to school counseling. Position papers on specific topics, such as group work are helpful to PSCs as they develop local policy.

**Association for Specialists in Group Work (ASGW): Association for  
information regarding group work**

<http://www.asgw.org>

Training Standards and Best Practices in group work.

## II. Print Resources

- Association for Specialists in Group Work (2007). Special issue on group work in the school: Innovative thinking and practice to support school improvement initiatives. *The Journal for Specialists in Group Work*, 32(1), entire issue.
- Association for Specialists in Group Work (2007). Special issue on group work in the school: More Innovative thinking and practice to support school improvement initiatives. *The Journal for Specialists in Group Work*, 32(2), entire issue.
- Brigman, G. & Earley, B. (2001). *Group Counseling for School Counselors: A Practical Guide*. Portland, ME: J. Weston Walch Publishing
- Littrell, J. M. & Peterson, J. S. (2005). *Portrait and model of a school counselor*. Boston: Lahaska Press (Houghton-Mifflin Company).
- Morganett, R. S. (1990). *Skills for living: Group counseling activities for young adolescents*. Champaign, Ill: Research Press
- Morganett-Smead, R. (1994). *Skills for living, elementary: Group counseling activities for elementary students*. Champaign, IL: Research Press
- Peterson, J. (2007). *Essential guide to talking with teens: 50 guided discussions for school & counseling groups*. Chapin, SC: Free Spirit.
- Remley, T. P., Hermann, M. A. & Huey, W. C. (2003). *Ethical & legal issues in school counseling, 2<sup>nd</sup> edition*. Alexandria, VA: American School Counselor Association.
- Senn, D. (2003). *Small group counseling for children grades 2-5*. Chapin, SC: YouthLight, Inc.
- Senn, D. (2004). *Small group counseling for children grades k-2*. Chapin, SC: YouthLight, Inc.
- Smead, R. (1995). *Skills and techniques for group work with children and adolescents*. Champaign, IL: Research Press
- Smead, R. (2000). *Skills for living: Group counseling activities for young adolescents, Volume 2*. Champaign, IL: Research Press
- Stone, C. (2005). *School counseling principles: Ethics and law*. Alexandria, VA: American School Counselor Association.
- Vernon, A. (2006). *Thinking, feeling, behaving: An emotional education curriculum for children (Revised Edition)*. Champaign, IL: Research Press
- Vernon, A. (2006). *Thinking, feeling, behaving: An emotional education curriculum for adolescents (Revised Edition)*. Champaign, IL: Research Press

## PART 5: SMALL GROUP COUNSELING SAMPLE UNITS AND SESSIONS

Part 5 of the Small Group Counseling Module includes the following sample units and sessions:

<b>CONCEPTUAL CATEGORY: PERSONAL AND SOCIAL DEVELOPMENT</b>			
<b>Units/Sessions: Personal and Social Development</b>			
<b>Pre-K-Grade 2</b>	<b>Grades 3-5</b>	<b>Middle School (6-8)</b>	<b>High School (9-12)</b>
Anger Management	Anger Management	Anger Management	Anger Management
Coping with Life Changes Unit 1	Coping with Life Changes Unit 1	Coping with Life Changes	Coping with Life Changes
Coping with Life Changes Unit 2	Coping with Life Changes Unit 2		
Self Awareness	Self Awareness		
Self Control	Self Control		
New Student (K-12)			
<b>CONCEPTUAL CATEGORY: ACADEMIC DEVELOPMENT</b>			
<b>Units/Sessions: Academic Development</b>			
<b>Pre-K-Grade 2</b>	<b>Grades 3-5</b>	<b>Middle School (6-8)</b>	<b>High School (9-12)</b>
Study Skills	Study Skills Unit 1	Study Skills	Study Skills
	Study Skills Unit 2		
<b>CONCEPTUAL CATEGORY: CAREER DEVELOPMENT</b>			
<b>Units/Sessions: Career Development</b>			
<b>Pre-K-Grade 2</b>	<b>Grades 3-5</b>	<b>Middle School (6-8)</b>	<b>High School (9-12)</b>
		Career	Career