

Lester J. Gates Middle School  
460 First Parish Road  
Scituate, Massachusetts 02066



Dear Parent/Caregiver:

Your child, \_\_\_\_\_, Grade \_\_\_\_\_ has been recommended to participate in an educational support group called *Kids of Promise* offered at Lester J. Gates Middle School. The eight week group will be facilitated by Lindsay Newton, school Adjustment Counselor.

This is a small group meeting focused on: positive self-esteem building, healthy communication skills, relationship building (parents, siblings, peers, etc.), healthy coping skills, decision making, alcohol and drug prevention, and helping students identify feelings associated with loved ones who may be living with a substance use disorder. The group will begin in late fall and will meet weekly. Your child may miss some class time in order to participate in this group, and will not be penalized. However, your child will be responsible for obtaining and completing any missed school work. The group is a positive, supportive addition to your child's school day.

If you feel that your child may benefit from this group and give permission for them to participate, please sign below and return to Lindsay Newton, School Adjustment Counselor. Please feel free to contact me with any questions or concerns at: [lnewton@scit.org](mailto:lnewton@scit.org) or by phone at (781) 545-8760, ex 21109.

Sincerely,

Lindsay Newton  
School Adjustment Counselor

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I give permission for my child, \_\_\_\_\_, to participate in an eight week group as described above.

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date