

Health and Wellness Services:
3333 West Pensacola Street
Tallahassee, FL 32304
Telephone: (850) 574-6240
FAX: (850) 576-3317
www.discvillage.org



Parent/Guardian Permission Letter to Join New Horizons

Student Name (*please print*): _____

Student's Date of Birth: _____

The goal of the New Horizons program is to help students make constructive choices to increase positive and responsible behavior both at school and in the community. The program is made up of 12 or more small-group sessions and/or individual visits that include the following topics:

- ❖ Self-esteem
- ❖ Coping skills
- ❖ Positive Decision-making
- ❖ Anger management
- ❖ Positive peer/family relationships
- ❖ Academic Success
- ❖ Stress Management
- ❖ Personal responsibility
- ❖ Communication Techniques
- ❖ Dangers of alcohol, tobacco, & other drugs

Your student will meet with Keonia Abrams, M.Ed., RMHI, Health and Wellness Specialist with DISC Village, at least **one time each week** during lunch or an elective period (with the exception of test days). Should your child miss any work, he/she will need to make it up with the teacher. The New Horizons Program also offers in-school tutoring.

For additional information on the New Horizons Program at please contact the following Health and Wellness Specialist:

Keonia Abrams, M.Ed., RMHI

Abramsk@leonschools.net

(850) 617-4700 Ext. 1973

Confidentiality: All information discussed in program sessions amongst participants and Health and Wellness Specialists will be kept confidential unless the student discloses abusive activities/behaviors or intent to harm themselves or others. The Health and Wellness Specialist will not discuss any information disclosed in a confidential session unless consent is provided by the participant.

I certify that I am the Parent/Legal Guardian of the above mentioned student and I hereby grant permission for my child to join the New Horizons program.

Parent/Guardian Contact Information: _____

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

Health and Wellness Specialist Name (*please print*)

Health and Wellness Specialist/Credentials

Date