



# **BLISSFIELD COMMUNITY SCHOOLS**

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**630 S. Lane St. • Blissfield, MI 49228**  
**(517) 486-2148 • Fax (517) 486-4749**

**Mark Willson**, Director of Student Services  
**Louise Keinath**, Elementary Behavioral Specialist

**Jerry Johnson**, Superintendent  
**Michael Valasek**, Elementary Principal

Dear Parent/Guardian,

Your son or daughter has been recommended by their teacher to be a part of a friendship group. The purpose of this group is to help support your student's learning environment and to enhance their potential as students. The goals of this group are as follows:

- Enhance friendship skills
- Learn effective communication tools
- Distinguish personal strengths
- Develop leadership qualities
- Establish short-term and long-term goals

The group will take place for ½ hour, once a week for 6 weeks. Please feel free to call me or your student's teacher should you have any questions. You can reach me at 486-2811 ext. 109.

Louise Keinath, Licensed School Guidance Counselor  
Behavioral Specialist

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## **PERMISSION FORM**

I give permission for my child, \_\_\_\_\_ to be a part of a small group at Blissfield Elementary School.

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Parent Signature

Date

**Please sign and return this form to your child's classroom teacher, Thank you.**



COMMITMENT TO  
EXCELLENCE

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