UF Health PALS Thrive Program

Dear Parent(s)/Guardian(s):

The **PALS** (Partners in Adolescent Lifestyle Support) **Thrive** (Talk , Heal, Reach out, Include, Validate, Encourage) Program offers supportive services at your child(ren)'s school. Programming is designed to create additional opportunities for students to connect with one another and feel supported as well as to foster a greater sense of inclusion and altruism with the school community.

These services are being offered through a partnership with UF Health, the University of Florida, and Alachua County Schools. As such, we are utilizing a team approach where all partners are connected, informed and involved in providing the best programming possible for students. The Alachua County business community, which includes Bosshardt Realty Services, also provides much needed, additional financial support.

Your child has requested/been selected to participate in PALS counseling sessions, leadership groups, and/or support groups. These sessions(s) and groups are facilitated by a graduate or doctoral level counseling intern and supervised by a licensed professional from UF Health.

The focus of these sessions will be to provide support, enhance self-esteem, develop leadership skills and increase social skills, as well as develop greater problem solving strategies, so that your child will be more successful in meeting their goals at school.

There is also the opportunity to participate in leadership and connection opportunities that fit within the PALS mission of "No One Sits Alone". On the consent page, you can check for your student to participate in only these opportunities, or in additional to the counseling opportunities.

If you would like to learn more about the PALS program, please contact me at casany@shands.ufl.edu. We will look forward to working with your child.

Sincerely,

Yanel Casanova, M.A.E., Ed.S., LMHC

PALS Thrive Program Director

UF Health PALS Thrive Program

Please sign and have your child return the portion below to the PALS office.

Name of Student: ____

Check all that apply:

_________I do wish my child to participate in the PALS counseling sessions.

_________ I do wish my child to participate in the PALS group sessions.

_________ I do wish my child to participate in PALS leadership opportunities.

_________ I do **NOT** wish my child to participate in the PALS counseling or group sessions.

If no, reason why (optional):

____

____

Parent Name: ____

Parent Signature: ___________________________________ Date: ________________________

Last Updated 2017