

Irvine Unified School District
GUIDANCE RESOURCES

5050 Barranca Parkway, Irvine, CA 92604 949-936-7530 Fax 949-936-7529



2015-2016

Dear Parents/Guardians:

IUSD's Guidance Resources has continuing grant funding for an innovative program to encourage the development of resiliency skills in young adolescents. These life skills help foster students ability to communicate with peers and adults and effectively manage the stressful changes associated with adolescence. Research has shown that students who learn how to make healthy academic and social choices do better in school and are less likely to engage in risky behaviors.

Students involved in the program, entitled **Project Success**, will be provided with opportunities to participate in individual and small group settings to address typical teen wellness concerns including: stress management, social skills, goal setting, conflict resolution, healthy relationships, dealing with loss and/or major life transitions, etc. These activities are designed to improve students' self-esteem, healthy behaviors, attendance, organizational and social skills. Program activities are facilitated by IUSD staff, and a qualified support specialist, who is provided to us by IUSD's Guidance Resources Office.

To evaluate our program, we plan to measure if students' attitudes and behaviors have changed in relation to school achievement, attendance, health, and wellness. Therefore, participating students will also be asked to complete a brief pre- and post-survey at the start and end of their group. The results of the evaluation are intended to improve the quality of our program, will be seen only by Project Success personnel, and will be completely CONFIDENTIAL. Report data will be compiled without identifying student information.

Our Support Specialist and/or School Coordinator will communicate with parents of participating students and may provide information on upcoming parent education/awareness programs to meet the specific needs of their families.

Please note that participation is voluntary, and that you or your son/daughter has the right to withdraw from the program and/or survey at any time. Our school is strongly committed to your student's wellness and success. Your cooperation and support are greatly appreciated. Thank you for your involvement.

If you would like your son/daughter to participate in Project Success, please sign the attached form and complete the Parent Feedback section. If you desire more information about the program, please contact our School Coordinator, Matt Campbell at (949) 936-7815, or our Support Specialist, Soraya Abri at (949) 936-7961.

Sincerely,

Christopher Krebs
Principal

Matt Campbell
School Coordinator

Soraya Abri
Support Specialist

**IUSD GUIDANCE RESOURCES: PROJECT SUCCESS
PARENT PERMISSION**

I give permission for my student, _____ to participate in Project Success services detailed in the parent letter and evaluation at Woodbridge High School. In addition, I also give permission for project partners to work collaboratively to support student success.

Parent Signature

Date

Parent Feedback

1. Things I really enjoy about my student (strengths) are:

2. My concerns about my student are:

a. At school:

b. At home:

c. Other:

3. Strategies I can use and monitor at home: (Please check one or more)

- Encourage and provide a regular study time.
- Provide a quiet place for study with no distractions.
- Check to see that he/she does school work and/or reads each day.
- Encourage use of daily assignment planner.
- Encourage my youngster to be responsible about awaking early enough to be prompt for school.

4. Parent opportunities and awareness programs I would be interested in:

- Discipline
- Homework/Behavior Contracting
- Personality Types
- Drug/Alcohol Awareness
- Communication Skills
- Dealing With Anger/Conflict Resolution
- Legal Rights and Responsibilities of Parents Regarding Juveniles
- An Ongoing Support Group for Parents (6 weeks)
- Domestic Violence in Teen Dating
- A Personal Meeting with Project Success Staff
- Other _____

5. Expectations I have for my student are:

6. What the school can do to assist me/us in motivating our student to be successful:

7. Other concerns/comments:

**PLEASE RETURN THIS FORM TO: Soraya Abri, Support Specialist or
Matt Campbell, School Coordinator as soon as possible.**

THANK YOU!!