



# COPE



A Mansfield Youth Services program

## For children learning to COPE with family stress

Parents/Guardians:

Is your child experiencing stress or changes at home? Could he/she benefit from a positive experience in the school-setting with other children who may have had similar experiences? If so, COPE may be able to help!

### What is COPE?

Cope is an in-school, skill-building program run by Mansfield Youth Services that has successfully supported students in our community for over 20 years!

- COPE fosters a supportive environment where your child will have fun and at the same time learn new coping skills.
- COPE offers your child a chance to make new friends.
- COPE will help your child understand there are many types of families.
- COPE is about helping your child build self esteem and positive communication skills.
- COPE utilizes UCONN mentors as roles models and positive supports for your child.

COPE meets once a week during regularly scheduled lunch times through out the school year so your child will not miss class time or recess.

**If you are interested in having your child participate, please fill out the permission slip on the reverse side and return it to your school nurse by Monday, September 8th.**

Space is limited and participation is based on the child's appropriateness for the program.

**If you would like more information please contact Mansfield Youth Services' social worker Kate Bohannon at 860-429-3318 or [BohannonKM@mansfieldct.org](mailto:BohannonKM@mansfieldct.org)**

# COPE Permission Slip

## 2014-2015 School Year

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent child resides with: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Additional Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

### Family Members

Name	Age	Relationship	Lives in home?	School/Employer

What change/stressor is your family experiencing and when did it occur? \_\_\_\_\_

\_\_\_\_\_

How has your child been responding to this change? \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns or additional information that may help us best support your child? \_\_\_\_\_

\_\_\_\_\_

Please check box if you do *NOT* give permission for Mansfield Youth Services to photograph or videotape your child. Photos/videos of Cope participants may be chosen to help others learn more about YSB programs. If you would like more information before granting permission please contact Youth Services.

Please check box if your child does *NOT* have permission to fill out anonymous surveys.

I, the undersigned, give permission for my child to participate in Cope. I also give permission for YSB staff to communicate and collaborate with the Mansfield Public School System in order to provide the best services to my child. If there is any information that I wish to remain confidential from the school system, I understand that I may inform YSB staff.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_