

QUESTIONS TO BE ADDRESSED IN STRUCTURING ELEMENTARY SUPPORT GROUPS

- A. How do I structure an elementary support group?
1. Who should lead the groups?
  2. What kind of training is required for the group leader?
  3. How much preparation time is required by the leader each week?
  4. How many students should be in each group (size of groups)?
  5. How many minutes per week for each group?
  6. How many weeks per session for each group?
  7. Should students repeat sessions?
  8. Should students be given student contracts (establish personal goals to be completed during the eight weeks of group)?
  9. What type of parent communication should there be (permission forms, newsletters, and so forth)?
- B. What kinds of elementary groups?
1. Self-Esteem Groups
  2. Grief Groups (death, serious illness, separation, divorce, and so forth)
  3. Chemical Information Groups (students of families with chemical or drug related concerns or students who are experimenting with alcohol or drugs)
- C. How do I establish a student identification process?
1. Who should identify students for the group?
    - a. Classroom Teachers
    - b. Principal
    - c. Child Study Team
    - d. Parent
    - e. Peers
  2. What behaviors do you identify in students for the support groups?
    - a. Overtimidity - withdrawing, crying easily
    - b. Overaggressiveness - bullying, quarreling, boisterousness
    - c. Excessive Daydreaming - persistent inattentiveness
    - d. Excessive Boasting or Showing Off
    - e. Poor Sportsmanship
    - f. Undue Restlessness - habit tics, stammering, nail biting
    - g. Frequent Accidents or Near Accidents

- h. Inappropriate Sex Behavior
  - i. Difficulty in Reading or Reciting
  - j. Failure to advance in school at the normal rate
  - k. Stuttering or other forms of difficulty
  - l. Lying, Stealing, Cheating
  - m. Resistance to Authority
  - n. Constant complaints of unfairness
  - o. Unhappiness and depression
  - p. Gradual deterioration or marked sudden drop in educational achievement
  - q. Lack of interest or motivation
  - r. Constantly seeking attention or popularity
3. What forms can be used to assist teachers and students with the identification process? (Refer to Self-Esteem Profiles in this section.)
- a. Self-Esteem Profile (self-rating by student)
  - b. Self-Esteem Profile (rating form for classroom teachers)
  - c. Self-Esteem Behavior Profile (rating form for group leader)
4. What topics do I discuss in the elementary support groups?
- a. Establishing and meeting personal goals
  - b. Security - sense of belonging
  - c. Acceptance as an individual (free of prejudice and bias concern about individual differences)
  - d. Achievement - success experiences, recognition
  - e. Independence - to be creative in developing one's own person, to act under one's own guidance and direction, to make decisions, to be self-expressive
  - f. Authority - guidance and direction by an adult
  - g. Self-respect - courteous, fair, and just treatment
  - h. Feelings
  - i. Establishing trusting relationships
  - j. Identifying and coping with family concerns
  - k. Improving personal relationships with peers and family members

# SELF-ESTEEM PROFILE

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

STUDENT \_\_\_\_\_

GROUP FACILITATOR \_\_\_\_\_

<b>A. ATTENTION SPAN</b>	0	1	2	3	4
	Consistently Attends To Task		Easily Distracted From Task		Constantly Off Task
<b>B. CHEMICAL USE</b>	0	1	2	3	4
	Does Not Exhibit Behaviors That Indicate Chemical Use		Occasionally Exhibits Dysfunctional Behaviors That May Indicate Chemical Use	Habitually Exhibits Dysfunctional Behaviors That May Indicate Chemical Use	
<b>C. CLASS PARTICIPATION</b>	0	1	2	3	4
	Participates: Gets Attention Appropriately		Occasionally Creates A Disturbance	Disrupts Class Regularly	
<b>D. CLASSROOM PERFORMANCE (Subject Matter)</b>	0	1	2	3	4
	Above Average	Below Expectations	Inadequate/Failing		
<b>E. COPING WITH FRUSTRATION AND STRESS</b>	0	1	2	3	4
	Appropriately Handles Stress/Frustration		Occasionally Loses Self-Control Due to Stress/Frustration	Unable To Cope Or Exercise Self-control; Excessive Anger; Ritualistic Behavior	
<b>F. FOLLOWING SCHOOL RULES</b>	0	1	2	3	4
	Follows Stated Rules		Inconsistently Follows Rules - May Argue Or Defy	Refuses To Comply To Rules	
<b>G. INDEPENDENT/DEPENDENT BEHAVIOR</b>	0	1	2	3	4
	Works Independently; Manages Time Well		Requires Guidance To Make Progress; Assignments Incomplete	Unable Or Unwilling To Work Without Constant Guidance	
<b>H. INTERACTION WITH AUTHORITY FIGURES</b>	0	1	2	3	4
	Follows Directives; Accepts Limits; Communicates Openly		May Ignore Directives Or Limits; Manipulative; Communicates Minimally	Refuses To Follow Directives; Physically Responds To Limit Setting; Or Ignores Adults	
<b>I. INTERACTION WITH PEERS (Extrovert)</b>	0	1	2	3	4
	Positive Peer Interactions; Considerate		Physically Or Verbally Inconsiderate; Manipulative	Physically And/Or Verbally Abusive; Extremely Inappropriate In School Situation	
<b>J. INTERACTION WITH PEERS (Introvert)</b>	0	1	2	3	4
	Seeks Positive Social Contacts; Communicates Openly		Limited Interactions; Communicates Minimally	Avoids Social Contact; Seriously Withdrawn	
<b>K. MOODS</b>	0	1	2	3	4
	Stable And Appropriate Moods		Inconsistent Or Inappropriate Moods	Unpredictable or Extreme Mood Swings; Abnormal Feelings in Normal Situations	
<b>L. PHYSICAL HEALTH</b>	0	1	2	3	4
	Appears To Be In Good Health		Frequently Complains And/Or Requests To See Nurse	Excessive Absence Due To Reported Illness	
<b>M. PROJECTED SELF-IMAGE</b>	0	1	2	3	4
	Speaks Positively About Self		Occasionally Self-disparaging; Abuse Or Grandiose	Generally Self-disparaging; Abuse Or Grandiose	

SELF-ESTEEM PROFILE

\_\_\_\_\_  
(Name of Student Being Rated)

**PURPOSES:**

1. To rate the self-concept of the student related to how he/she feels or appears to feel about himself/herself.
2. To help identify specific ways the student feels about himself/herself that might be improved.

**DIRECTIONS:**

1. Decide how each statement applies to the student being rated.
2. Place a check (✓) in the column on the right that best describes how the statement applies to the student being rated.
3. Be sure to give a rating for each statement, be as accurate as possible, and make your ratings carefully.

	Much Improvement Needed	Could Be Improved	Acceptable	Very Good
1. Is relatively sure of himself or herself.	_____	_____	_____	_____
2. Enjoys being his or her own age.	_____	_____	_____	_____
3. Makes good choices.	_____	_____	_____	_____
4. Does not have to be told what to do.	_____	_____	_____	_____
5. Is popular with those of his/her age.	_____	_____	_____	_____
6. Is happy with his/her physical appearance.	_____	_____	_____	_____
7. Deals with matters patiently and wisely.	_____	_____	_____	_____
8. Is happy with himself/herself.	_____	_____	_____	_____
9. Tries to understand himself/herself.	_____	_____	_____	_____

	Much Improvement Needed	Could Be Improved	Acceptable	Very Good
10. Does not berate himself/ herself.	_____	_____	_____	_____
11. Feels good about the things he/she does or can do.	_____	_____	_____	_____
12. Is not usually influenced by others.	_____	_____	_____	_____
13. Can accept criticism.	_____	_____	_____	_____
14. Can usually solve his/her problems.	_____	_____	_____	_____
15. Can be depended upon.	_____	_____	_____	_____
16. Finds it easy to be comfort- able with other people.	_____	_____	_____	_____
17. Feels healthy.	_____	_____	_____	_____
18. Has made good plans for the future.	_____	_____	_____	_____
19. Can do most of the things he/ she tries to do.	_____	_____	_____	_____
20. Likes to see others do well.	_____	_____	_____	_____

SELF-ESTEEM PROFILE  
(Self-Rating by Student)

Student \_\_\_\_\_ Date \_\_\_\_\_

HOW WOULD YOU RATE?

Circle a number: No. 1 is low; No. 9 is high.

- |  |                   |
|--|-------------------|
| 1. Your ability to make friends.                           | 1 2 3 4 5 6 7 8 9 |
| 2. Your ability to entertain others.                       | 1 2 3 4 5 6 7 8 9 |
| 3. Your ability to do arithmetic.                          | 1 2 3 4 5 6 7 8 9 |
| 4. Your ability to participate in class.                   | 1 2 3 4 5 6 7 8 9 |
| 5. Your willingness to listen to what others say.          | 1 2 3 4 5 6 7 8 9 |
| 6. Your ability to lead in a group.                        | 1 2 3 4 5 6 7 8 9 |
| 7. Your ability to be funny in a group.                    | 1 2 3 4 5 6 7 8 9 |
| 8. Your musical ability.                                   | 1 2 3 4 5 6 7 8 9 |
| 9. Your ability to get along well with others.             | 1 2 3 4 5 6 7 8 9 |
| 10. Your ability to remember what you have learned.        | 1 2 3 4 5 6 7 8 9 |
| 11. Your reading ability.                                  | 1 2 3 4 5 6 7 8 9 |
| 12. Your ability to change when you need to be different.  | 1 2 3 4 5 6 7 8 9 |
| 13. Your willingness to help other people.                 | 1 2 3 4 5 6 7 8 9 |
| 14. Your interest in new things to do.                     | 1 2 3 4 5 6 7 8 9 |
| 15. Your ability to work hard at a job.                    | 1 2 3 4 5 6 7 8 9 |
| 16. Your ability to get along well with teachers.          | 1 2 3 4 5 6 7 8 9 |
| 17. Your ability to work by yourself and do a good job.    | 1 2 3 4 5 6 7 8 9 |
| 18. Your ability to plan for the future.                   | 1 2 3 4 5 6 7 8 9 |
| 19. Your ability to accept criticism from others.          | 1 2 3 4 5 6 7 8 9 |
| 20. Your ability to control what happens to you.           | 1 2 3 4 5 6 7 8 9 |
| 21. Your ability to impress others with what you know.     | 1 2 3 4 5 6 7 8 9 |
| 22. Your ability to get others to agree with you.          | 1 2 3 4 5 6 7 8 9 |
| 23. Your ability to spend money wisely.                    | 1 2 3 4 5 6 7 8 9 |
| 24. Your general ability to learn.                         | 1 2 3 4 5 6 7 8 9 |
| 25. Your ability to get along with members of your family. | 1 2 3 4 5 6 7 8 9 |

SAMPLE LETTER FOR SELF-ESTEEM GROUPS

Dear Parents:

This year at \_\_\_\_\_ Elementary School, a small group socialization experience will be offered to some of our students. This group will be facilitated by \_\_\_\_\_ and will consist of no more than eight students. Activities and discussion will be planned to encourage speaking and careful listening, and to teach careful cooperation skills. The group will meet once a week for about 30 minutes during school time. Your child, \_\_\_\_\_, has been mentioned by his or her teacher as a student who might enjoy and benefit from such a small group experience. If you'll give your permission for your child to participate in this group, please sign below and return this form to the school with your child. Please feel free to call the school and talk with the group facilitator or with your child's teacher, if you have any questions. Your prompt reply would be greatly appreciated.

Sincerely,

-----  
I give my permission for my child, \_\_\_\_\_, to participate in the group described above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

SAMPLE LETTER FOR CHEMICAL INFORMATION GROUP

Dear Parents:

This year at \_\_\_\_\_ Elementary School, a small group experience will be offered to some of our students. This group will be lead by \_\_\_\_\_ and will consist of no more than eight students. The group will meet once a week for about 30 minutes during school time. The goals for the group are:

1. To provide students with information about chemicals.
2. To help students develop a positive attitude toward responsible decisions about the use of chemicals.
3. To aid students in the ability to develop decision making skills.
4. To improve communication skills.
5. To help students explore their own attitudes.
6. To improve student self concept.
7. To help students function more effectively in society by recognizing their rights and responsibilities.

If you give your permission for your child to participate in this group, please sign below and return this form to school with your child. Please feel free to call the school and talk with me if you have any questions. Your prompt reply will be greatly appreciated.

Sincerely,

-----  
I give my permission for my child, \_\_\_\_\_, to participate in the group described above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



SAMPLE LETTER FOR CHEMICAL INFORMATION GROUP

Dear Parents:

We are offering an opportunity for students whose families have been touched by the disease of alcoholism or chemical abuse to become involved in a support group. The group experience will allow students to express personal feelings, receive support and friendship from other group members, and enhance their self-concept. Sessions will be facilitated by trained leaders.

If you are interested in having your child participate in this program, please complete the form and return it to your child's teacher. When a group has been organized, parents of the participants will receive additional information regarding meeting times and leaders.

We are unsure of how great a demand there will be for this group. Your signature only gives your child permission to participate; it does not guarantee a placement in the group. However, we will make every effort to meet the needs of the students.

Please feel free to call \_\_\_\_\_ at school if you have any questions.

Sincerely,

-----  
I give my permission for \_\_\_\_\_ to participate in the chemical information group described above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## EVALUATIONS

Evaluation of the group experience may be helpful to you when planning your next support group curriculum. Evaluation is especially helpful when you are determining which activities were beneficial for group members and helped accomplish group goals, and when you are attempting to assess the personal growth of group members. This process can be done by group members verbally and/or in written form. Observations can also be done by group leaders as another method of evaluation.

The following are examples of group member written evaluation forms.

GROUP PARTICIPATION (SELF EVALUATION)  
(Preschool - 1)

Name \_\_\_\_\_

Group \_\_\_\_\_

Date \_\_\_\_\_

1. Did you wait your turn?

2. Did you help someone?

3. Did you help the group?

4. Did you like the activity?

GROUP PARTICIPATION (SELF EVALUATION)  
(Preschool - 1)

Name \_\_\_\_\_

Group \_\_\_\_\_

Date \_\_\_\_\_

1. Did you wait your turn?



2. Did you help someone?



3. Did you help the group?



4. Did you like the activity?





GROUP PARTICIPATION (SELF EVALUATION)  
(Fifth and Sixth)

Name \_\_\_\_\_

Rate the group experience as to how it helped you.

Low \_\_\_\_\_ High

1                      2                      3                      4                      5                      6

1. Did you like coming to the group? \_\_\_\_\_
2. How did you feel most of the time in the group? \_\_\_\_\_
3. What did you learn that helped you? \_\_\_\_\_  
\_\_\_\_\_
4. What do you wish we had talked about more? \_\_\_\_\_  
\_\_\_\_\_
5. What did you like least about the group? \_\_\_\_\_  
\_\_\_\_\_
6. Did being in the group help you understand things better at home? \_\_\_\_\_  
If so, how? \_\_\_\_\_
7. Does thinking about home make it hard for you to work at school? \_\_\_\_\_  
If yes, what can you do to help yourself? \_\_\_\_\_
8. How have you changed by being in the group? \_\_\_\_\_  
\_\_\_\_\_
9. List two things you can do to help yourself feel better when you are angry—in the "dumps."  
A.  
B.