



Walter T. Bergen School

Dear Parent or Guardian,

The Walter T. Bergen School is again forming support groups for youth from one-parent or other non-traditional families to help students handle problems or issues that may be unique to those situations. This program was piloted during the 2006 school year, and was met with success as we continued with it during the last two school terms. It follows the model known as *Banana Splits*, which was founded by Elizabeth M. McGonagle, M.S.W., in 1978 and has been helping children from "split" families cope with change ever since.

Our *Banana Splits* program will run as a peer support group, and will meet during lunch periods in Room 220, under my facilitation. During the meetings, students will use a variety of formats, such as discussion, art projects, and letter writing, to address issues they may be having difficulty dealing with, such as anger, fear, change, or depression. *Banana Split* discussion group sessions will run for the entire thirty minute lunch time period.

Since our program became very popular with students last year, we will be offering the program to all grade levels this year. After receiving permission slips back from parents, students will be placed in groups according to grade level. Students will be notified of their grouping shortly following the return of permission slips from other interested students.

If you are a parent of a child who may benefit from this program, please discuss this with your child to ascertain whether or not he or she would be interested in attending. In order to attend these meetings on a regular basis, a consent form signed by a student's parent or legal guardian must be handed in to the group facilitator. Parents with questions about this program are encouraged to contact me at 973-838-4684.

Kindly return the bottom portion of this letter to school with your child if there is an interest in attending this group. *Banana Splits* will begin holding its initial sessions the last week of September, and students are encouraged to attend regularly.

MARIA PICONE  
School Counselor

I, \_\_\_\_\_, give permission for my child,  
Print Name of Parent or Guardian \_\_\_\_\_, to attend the Banana Splits  
Print Name of Student \_\_\_\_\_  
Support Program at the Walter T. Bergen School.

Parent Signature

Date

Student Signature Date