



**Williams Elementary School
2 x 10 Mentoring Program
Parent Permission Form**

- ❖ Williams Elementary School is piloting a 2 x 10 Mentoring Program and your child, _____, has been identified as a student mentee.
- ❖ The purpose of the 2 x 10 Mentoring Program is to provide students with the opportunity to build an individual positive relationship with a specific adult beyond their classroom teacher. Students who feel connected to the school and an adult within the school are more likely to attend school regularly, have fewer classroom disruptions, and feel more engaged and have an increased sense of belonging.
- ❖ An adult mentor from our staff will be assigned to your child. The mentor is to meet with the student for **2 complete minutes every day for 10 consecutive days** to talk with the student informally about anything **other than** behavior, grades, or attendance. The mentor's focus will be to get to know the student on a personal level by discussing any topic that is not school related. It is also important for mentors to share information about themselves (within reason) so that the student sees the mentor as a caring individual.
- ❖ A key component of the mentoring program is that it takes place for **10 consecutive school days**. If a student is absent or the mentor is absent then the 10 days needs to start over.
- ❖ At the end of the 10 consecutive days, the mentor will make a recommendation to the SAC. The recommendation may be to continue the mentoring with the same mentor, to continue mentoring with a new mentor, to discontinue the mentoring, or to continue mentoring on a less frequent basis (i.e. 2 or 3 times per week).
- ❖ If you have questions or concerns please contact Rebecca Henault, School Adjustment Counselor (SAC) at Williams Elementary School at 413-448-9680 or rhenault@pittsfield.net.

Thank you,

Rebecca Henault, LICSW

**Please sign below and return if you DO NOT
wish to have your child enrolled in the Mentoring Program.**

**I DO NOT wish to have my child, _____, enrolled
in the Williams 2 x 10 Mentoring Program.**

Parent/guardian Signature: _____ DATE: _____