



## MINOR ANGER MANAGEMENT CONSENT FORM

**J Group Counseling Services, LLC**  
**RESET Anger Management Program**

Minor Participant Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_  
Relationship to Minor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Purpose of Services

Your child is enrolling in the RESET Anger Management Program through J Group Counseling Services, LLC. The goal of this program is to help the minor develop:

- Self-control skills
- Emotional regulation strategies
- Healthy communication skills
- Better coping and conflict-resolution skills
- Insight into thoughts, feelings, and anger triggers

The program uses structured curriculum and group-based learning.

**RESET** stands for:

**R** Recognize the fire  
**E** Expose the trigger  
**S** Shift the response  
**E** Equip yourself with tools  
**T** Take back control

### Nature of Services

- ✓ Group-based education & skill-building
- ✓ Coaching and structured behavioral strategies
- ✓ Psycho-education and anger reduction exercises
- ✓ Participation and attendance are expected

**Services may include:**

- Discussion and group assignments



- Emotional regulation strategies
- Homework or reflection worksheets

This is a supportive, non-punitive program.

## **Confidentiality**

Information shared in group is confidential with the following exceptions required by law:

We MUST report if:

- The minor may harm themselves or others
- There is suspected abuse or neglect
- There is a court order or legal requirement
- Safety or threat concerns exist

## **Parent/Guardian Responsibilities**

**I agree to:**

- Ensure minor attends scheduled classes
- Make transportation arrangements
- Support participation in assignments
- Communicate with facilitator if concerns arise

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_