



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: _____