FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date: _____

SERVICE REQUEST FOR GROUP COUNSELING

Type of Group:

☐ Anger Management ☐ Anxiety/Stress Management ☐ Social Skills ☐ Interpersonal Relationships

☐ High School Readiness ☐ Acculturation ☐ Self-Esteem ☐ Grief/loss ☐ Divorce/Separation

☐ Parenting Classes/Workshops ☐ Other: _____

Date of Request: _____

Requesting for: ☐ **Fall** ☐ **Winter** ☐ **Spring**

Preferred days ☐ **M** ☐ **T** ☐ **W** ☐ **TH** ☐ **F**

Preferred Times: _____ rotating times/periods ☐ Same time/period ☐

Requested by (name): _____

Position: _____

School/Organization: _____

Telephone #: _____

E-mail: _____

Groups run for 12 weeks in duration and group sessions are a minimum of 45 minutes in length

So that we may best assess your needs, please describe the current situation/need/problem:

_____

_____

_____

What change(s) do you hope to see as a result of a Youth & Family Services intervention?

_____

_____

_____

Please fax this request to 301-593-1284 or email to marvin.jovel@ymcadc.org

YMCA Youth & Family Services
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P 240-777-8202