

## Parent's Details

Parent Name (1):

Parent Name (2):

Mobile No (1):

Mobile No (2):

Email Address:

## Child's Details

Name:

DOB:

School Year:

Name of School:

## Program of Interest:

## Main concerns / issues:

## Developmental Information:

(E.g. Current / previous involvement with paediatrician, school psychologist, speech therapy, occupational therapy, individual psychologist). Please note any information here that may impact on your child's ability to participate in the group, such as attention / concentration issues, difficulty following instructions etc.

## Other relevant information (e.g. medical issues / medication / allergies):

## **Important Note:**

For the programs to be beneficial to both your child and the other group participants, it is important that they have a sufficient level of skill to manage their behaviour, including attention, concentration, and ability to follow instructions cooperatively.

Is this an area that your child has difficulty with at school or in other group settings?

No

Yes. If yes, please provide further details:

(If uncertain, this can be further assessed over the phone, as this is an important prerequisite of the program.)

## **Group Expectations**

To maximise the benefit and outcomes for your child and other group participants, please carefully read and check to indicate your understanding and agreement to the following expectations.

### **Attendance (applicable for the weekly group programs only)**

- Your child will benefit most from the group if he or she attends all six sessions as the skills learned build on each other. We therefore recommend that you make a commitment for your child to be at all sessions on time. Due to this expectation, refunds and rebates for missed sessions are not available. You will also be offered an individual follow-up session to discuss feedback approx. 6-8 weeks after the group. This allows sufficient opportunity for the children to practice and integrate the skills they have learned both at home and school, before we review.

### **Homework Task (applicable for the weekly group programs only)**

- Your child will be given homework tasks on skills learnt in the session to practice. Your support in completing these homework tasks will be most beneficial. As parents, you will be provided with weekly information sheets about the topics covered in the group.

### **Folders / Workbooks (applicable for the weekly group programs only)**

- Your child will be given a folder and workbook during the first group session. Please ensure that your child brings this folder and workbook with him/her at every session.

### **Behaviour Management Policy**

- To maximise the children's learning and development in the group, we use a positive behavioural management approach, which includes a point system that they can trade for stickers, which assists them to manage their behaviour. If children continue to find it difficult to regulate their behaviour, we provide two reminders, and have a time-in procedure with one of the group leaders, to assist their return to the activity.

- In the unusual event that ongoing behavioural regulation difficulties have a significant impact on the child's learning and the whole group, parents will be consulted about the management, and continued participation in the program. If this occurs, refunds and rebates are not available. Please discuss any concerns about this policy with us at the initial appointment.

#### Referrals (if applicable)

- If your child has been assessed as eligible for the Medicare Rebate, please bring the referral to the first appointment to be eligible for the full rebate. It is your responsibility to ensure that it is a valid referral. Any queries, please clarify. No referral is required for private health rebates.

***I consent for my child to be enrolled in the Life Skills Program following confirmation of place, and understand and agree to the above outlined information.***

**Please email completed form to [info@lifeforforkids.net](mailto:info@lifeforforkids.net)**

(To complete form electronically Adobe Reader required or print & scan)

*Thank you for registering your interest for your child to be considered for the Life Skills Programs we offer. We will be in contact with you to advise availability and further details for our upcoming programs.*