

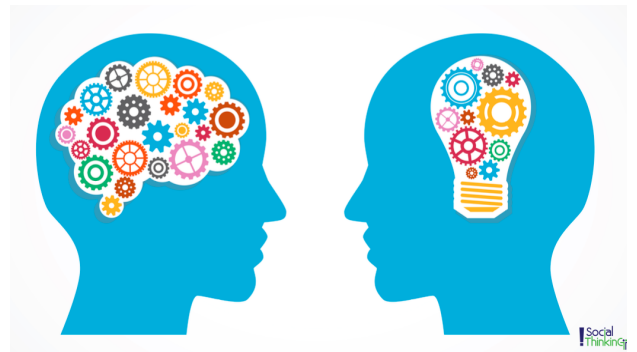
Grade 3 and 4

Social Skills Group

The Grade 3 and 4 Social Skills Group has been developed to teach children how to work together and build upon their social skills, using concepts from the Social Thinking program. The aim of the program is to focus on your child's interaction and communication skills as well as their social awareness. The small group setting allows your child to practice skills with the support and guidance of two Speech Pathologists.

Group goals will target the following skills:

- Problem solving in social scenarios and identifying feelings
- Negotiating and requesting
- Flexibility of thinking
- Social skills – conversations, turn taking, social-awareness
- Asking for help and asking for clarification



Location: Sound it Out Speech Pathology, South Morang

Clinicians: Mary-Ann Georgy and April Lyell

Ages: Grade 3 and 4

Dates: Term 1, Fridays Fortnightly – starting Friday 14th February, 2020

Time: 4:15 pm – 5:00 pm

Cost: Private Clients: \$55 per session
NDIS Clients: \$64.66 per session

To register contact reception via email info@sounditout.com.au or on 9717 8194.

BOOKING FORM

Group: Grade 3 and 4 Social Skills Group

Venue: Sound it Out Speech Pathology Clinic, South Morang

Dates: Term 1, Fridays Fortnightly – starting Friday 14th February, 2020
(excludes school holidays)

Cost:

Private Clients: \$55 per session

NDIS Clients: \$64.66 per session

Bookings by: Friday 24th January, 2020.

To book please complete the form below and return via mail, email to maryann@sounditout.com.au or drop off at reception.

Post: Axis Centre, 27b, 797 Plenty Rd, South Morang, 3752

Child's Name: _____

Parent/Guardian Name: _____

Contact Number (during sessions): _____

Allergies: _____

CONTINUED

PHOTOGRAPHIC CONSENT

Sound it Out Speech uses media technology including photographic and video images to enhance learning outcomes of our social skills groups.

I give permission for photographic/video images of my child to be used:
(Please indicate all relevant options)

Within group therapy session only

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please note: Conducting these sessions is subject to obtaining sufficient numbers. Parents will be contacted if arrangements are to be changed.