

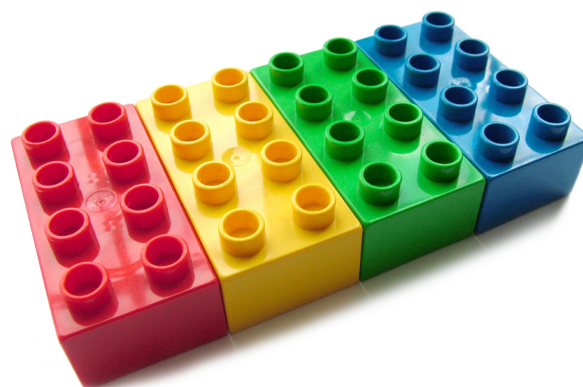
# LEGO

## Social Skills Group

The LEGO Social Skills Group will facilitate an opportunity for children to interact with each other through collaborative play, to develop their communication and social skills. In each session, the group will work in pairs to build a model following instructions.

### Group goals will target the following skills:

- Problem solving
- Sharing
- Turn taking
- Listening
- Making friends
- Descriptive and specific language
- Asking questions



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**Location:** Sound it Out Speech Pathology, South Morang

**Clinicians:** Anita, April and Christine

**Dates:** Term 3 School Holidays

Prep – Grade 2: Monday 23<sup>rd</sup> – Wednesday 25<sup>th</sup> September (3 sessions)

Grade 3+: Monday 30<sup>th</sup> September – Wednesday 2<sup>nd</sup> October (3 sessions)

**Time:** 11:00 am – 12:00 pm

**Cost:** Private Clients: \$55 per session

NDIS Clients: \$64.66 per session

To register contact reception via email [info@sounditout.com.au](mailto:info@sounditout.com.au) or on 9717 8194.



## BOOKING FORM

**Group:** LEGO Social Skills Group

**Venue:** Sound it Out Speech Pathology Clinic, South Morang

**Dates:**

☐ Prep – Grade 2: Monday 23<sup>rd</sup> – Wednesday 25<sup>th</sup> September (3 sessions)

☐ Grade 3+: Monday 30<sup>th</sup> September – Wednesday 2<sup>nd</sup> October (3 sessions)

**Cost:**

☐ Private Clients: \$55 per session

☐ NDIS Clients: \$64.66 per session

**Bookings by:** Friday 13<sup>th</sup> of September

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To book please complete the form below and return via mail, email to [maryann@sounditout.com.au](mailto: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.