Dear Parents,

We are excited to let you know that we will again be running ‘Kids with Courage’ (KWC) during Term 4 for all Year 4 students here at MECS.

This will be facilitated by MECS staff: Di Emery (Primary Coordinator); Meredith Opie (trained facilitator); Phillipa Powell (trained leader for Kids With Courage) and Natasha LeBrocq (Student Welfare and trained counsellor).

The KWC program was created by Lifekeys, a church health and evangelism Christian ministry, and has proven effective in helping children learn how to deal with life issues better even in very challenging cases.

The ‘Kids with Courage’ program includes themes that build on children’s strengths. In a supportive, fun atmosphere they explore feelings, learn about handling difficulties, set goals, identify positive ways of relating to others and learn about personal safety and wellbeing.

The students will be involved in the program for 2 hours every Friday afternoon for 7 weeks in Term 4. Various activities, discussions and role-plays will occur during this time.

Program Outline:

<table>
<thead>
<tr>
<th>Session One</th>
<th>(Friday 18 October Week 1):</th>
<th>Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Two</td>
<td>(Friday 25 October Week 2):</td>
<td>Boundaries</td>
</tr>
<tr>
<td></td>
<td><strong>Week 3: CAMP Week</strong></td>
<td></td>
</tr>
<tr>
<td>Session Three</td>
<td>(Friday 8 November Week 4):</td>
<td>Social Skills</td>
</tr>
<tr>
<td>Session Four</td>
<td>(Friday 15 November Week 5):</td>
<td>Grief and Loss</td>
</tr>
<tr>
<td>Session Five</td>
<td>(Friday 22 November Week 6):</td>
<td>Anger</td>
</tr>
<tr>
<td>Session Six</td>
<td>(Friday 29 November Week 7):</td>
<td>Fear and Worry</td>
</tr>
<tr>
<td>Session Seven</td>
<td>(Friday 6 December Week 8):</td>
<td>Self-esteem</td>
</tr>
</tbody>
</table>

This program wouldn’t be complete without you! Therefore we wish to have you involved in three ways.

- We would like you to come to a Parent Orientation Evening where details of the program will be explained and outlined, so that you are aware of the content that will be covered. (More details overleaf).
- You can be involved by asking your child about the program and encouraging them in what they learn.
- We will conclude the program with a Parent Follow-Up opportunity; an optional appointment with your child’s facilitator to discuss issues if needed and provide opportunity to refer students who may need further support.
The Parent Orientation Evening is very important to the success of the program for your child. Please make every effort to attend. We are letting you know early so that you can mark the dates in your diary now!

- Parent Orientation Evening: **Tuesday 15 October 7.30–8.30pm** (in the main staff room)
- Parent Follow-Up Opportunity: To be advised and is by appointment only

We look forward to sharing the KWC adventure with you. If you have any concerns or have relevant information about your child being involved in this program, please do not hesitate to come and speak to us or write this on the confidential questionnaire form.

Many thanks for your support and prompt return of the attached confidential questionnaire so that we can be sensitive to the needs of all of the children in the program. (Please return forms in a sealed envelope and return to the class teacher or bring to the Parent Orientation night).

Warm regards,

*Meredith Opie & Di Emery*
MP teacher          PS Coordinator
Parent Questionnaire

The purpose of this questionnaire is to gauge how we can best work together to maximise the time we have with your child.

Child’s name: ____________________________
Age: ___________ Grade ________________ Sex: Male/ Female

In your opinion what are your child’s main interests?
_____________________________________________________________________________________
_____________________________________________________________________________________ 

What are your child’s main strengths?
_____________________________________________________________________________________
_____________________________________________________________________________________ 

What major concerns do you have about your child?
_____________________________________________________________________________________
_____________________________________________________________________________________ 

In your opinion, what ideas could be implemented to improve or overcome this?
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Does your child have any food allergies?
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Has your child received individual counselling? Yes ☐ No ☐

Do you have any other relevant information you think is important for us to know?
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Is your child on any medication? If yes, please provide details:
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Other Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Parent Name: ___________________________ Parent contact number: ___________________________