Dear Parent/Guardian,

We are planning to run a group called Feeling is Thinking in Term 2 and 3 here at the school. At this stage we are hoping to run a group for grades 3 and 4 and also a group for grades 5 and 6.

We would like to offer this group to your child/children in your care. We will be running this group during school time at the school.

The group is to assist children with their relationships and in expressing their feelings.

This group is facilitated in small groups (no more than 8 children) and focuses on issues such as exploring feelings, strong emotions: what do they look like?, what things make people angry, managing anger, taking risks and practising changes.

Feeling is Thinking runs for eight weeks and each session is for one hour. The group concludes with a ‘Celebration’ session.

Feeling is Thinking will be facilitated by myself and Connections Outer South Family Services. If you think your son or daughter (or child in your care) would benefit from Feeling is Thinking we would encourage you to talk to him/her about this. Should you both decide that they would like to participate please return the reply slip to myself as soon as possible.

Pakenham Consolidated School and Connections Outer South Family Services are pleased to be able to offer this important program and we are confident that it will be a valuable learning experience for those who request to be involved.

If you require further information about Feeling is Thinking please contact do not hesitate to contact myself here at the school on 59 411 511.

Yours sincerely,

Cindy Healey
Student Wellbeing Officer

---

**FEELING IS THINKING APPLICATION FORM**

- **Name of Child:** ________________________________
- **Grade:** ________________________________
- **Name of Parent/Guardian:** ________________________________
- **Contact Number:** ________________________________
- **Child’s allergies to food:** ________________________________
- **How does your child/child in your care express their feelings?**
  - ________________________________
  - ________________________________
  - ________________________________

Yes I would like my son/daughter/child in my care to participate in the Feeling is Thinking Group

___________________________________________

Parent/Guardian Signature

Yes I would like to participate in the Feeling is Thinking Group

___________________________________________

Student Signature

*Any information provided during a group or a discussion outside of a group is confidential unless there are concerns that a child/young person or family member is being harmed or is a risk to themselves or others.*