



August 2024

**Dear Principal, Welfare Coordinators/Teachers, Allied Health Staff, and Parents,
SHINE Intensive Intervention Multidisciplinary Program - January 2025**

The Andrew Dean Fildes Foundation (SHINE www.shine.org.au) will offer its annual Intensive Intervention Program in January 2025 for students experiencing Social and Wellbeing challenges. We have been offering these highly successful and in-demand programs since 1996. We have provided free therapy services to over 25,000 school-aged students and over 145 different schools.

There are 40 places offered over the 2025 January holiday period for students referred by schools, teachers, therapists or parents. The program is offered between **6th-17th January** at **St Kilda Primary School**. Students from all areas of Victoria are considered.

In order to be eligible to attend a program, the student must:

- Be of school age
- Have an IQ (70 or above), hearing and vision in the normal range (or have glasses or hearing aids that allow this)
- Be able to independently move and care for self (toileting, eating)

Be able to participate in individual and group activities - not have a major mental health or behaviour problem that prevents group participation

Selection for the program is based on factors including an understanding of the individual child's needs based on application information and suitability for programs/groups relating to child needs and age. Priority may be given to those who 1. Supply more information to support their application 2. Return application earlier 3. Have limited access to assessment and intervention services 4. Vulnerable families and children experiencing disadvantage in relation to their diagnosis and family/social/economic situation

****Selection for the program is prioritised for children who have more supporting information with their application - this includes ALL medical, health, allied health reports/letters and 2 recent school reports. Information about past and recent assessments and past and recent intervention. NAPLAN/school testing results. Individual Learning Plans. Behaviour Support Plans. A supporting letter from teacher/parent/other professional about concerns and how they think we should help will support success of the application.**

SHINE is offering free therapy programs at St Kilda Primary School on the following dates:

- 1) WEEK 1 (5 days): Monday 6th through Friday 10th January 9:00am to 3:00pm each day
- 2) WEEK 2 (5 days): Monday 13th through Friday 17th January 9:00am to 3:00pm each day except the last Friday which finishes at 1.00pm

If you are interested in having a student or your child attend a program you will need to complete the EXPRESSION OF INTEREST FORM attached to the end of this document.

Once you complete the Expression of Interest Form, a member of the SHINE Team will contact you and advise if any further information is needed and to clarify any additional details. Families who complete all of the requirements for providing reports will have their application reviewed, and SHINE will then contact you to advise if your child is eligible to attend a program. Positions in the programs are allocated to eligible students on a first come, first served basis. So it is important to get an application in to us as soon as possible.

The children selected for the program will be seen daily from 9:00am until 3:00pm for 5 days. They will be involved in fun and engaging group activities that target their learning/therapy/intervention goals. The activities include: art-making, drama, dance and movement, group games and challenges, social problem solving tasks and reflective practice. Every child has some choice in deciding how they participate whilst being encouraged to engage with group processes and try new experiences. Socio-emotional learning is embedded in youth friendly, arts-based, fun and engaging tasks and activities.

SHINE employs highly qualified and experienced staff who use evidenced-based practices to assist children in improving skills in fun activities. The SHINE staff also have University students who assist in the programs. The University students work with a Leading Therapist (who is qualified and experienced) in teams to support each child on the program. This is how we keep our costs low while we train a new generation of specialists to work with students with a diverse range of presentations, strengths and challenges,

Each child who attends received between 20 to 30 hours of group intervention.

Each program is developed individually to suit each child and draws on a range of evidence based supports. The student gets to participate in fun, enjoyable activities that help them work on the skills they need to be successful in school and life.

The SHINE Program Directors (Dr Jessica Matov, Dr Carl Parsons, and Dr Amanda-Musicka-Williams) oversee all programs and ensure quality control and coordination of services. We follow CHILD SAFE practices and DET requirements for interacting and providing services to students. The school day follows normal school hours in terms of tea and lunch breaks and supervised play times. All staff have up-to-date Working with Children Checks.

We will confirm with families and/or schools in December the names of students selected to participate. Once your student /child is selected to participate in a program we send you an email to confirm details about the program, what to bring, where to locate us, etc.

After the completion of the program the university students prepare a short report for the children they worked with. This report details the socio-emotional goals/areas a SMART goal that were focused on within the group program as well as a brief was set for your child and provides an explanation of the evidenced-based activities/treatments used during the program and a description of how your child participated. Additional recommendations are offered at the end of the report. Finally, any materials that were used successfully are provided. These reports are sent via email and are usually distributed in February. In some cases, the SHINE Directors or another qualified staff member may answer any questions you have by telephone contact.

We do not charge for services. SHINE does ask for donations from families who participate. Families are NOT required to make a donation. Making a donation does not affect whether or not your child will get into a program or the quality of service.

If you have questions, please visit our website at www.shine.org.au or contact Dr Matov on jessica.matov@shine.org.au

Sincerely,

Jessica Matov
Coordinator of Programs
jessica.matov@shine.org.au

SHINE INTENSIVE INTERVENTION PROGRAM

6th-17th January 2025

Expression of Interest

*** indicates a required field**

Please return form and supporting documents (reports) to

jessica.matov@shine.org.au

Should you have any questions about eligibility, or the SHINE Programs please email

jessica.matov@shine.org.au

Returning this form indicates expression of interest only - please submit by 26th October

Applicant Details

Child's Name*:

Child's Date of Birth (Day/Month/Year)*:

Child's Age:

Child's Gender:

Female

Male

Other

Applicant Home Address (Street, Suburb, Post Code)*:

School you child attends (in 2025)*:

School year level your child will attend (in 2025):

Is your child from an English as a Second Language background? *

Yes, if yes—please list the language the child speaks or the family uses at home

No

List other languages understood or spoken by the child or at home:

Does your child have a diagnosis?*

Yes

No

Official diagnosis from a medical practitioner, psychologist, speech pathologist, occupational therapist, audiologist, optometrist, special educator, or a team of recognized professionals.

***Documents must be attached to support diagnosis

Description of the Diagnosis:* Some of the labels you might consider include the following. However, these are only a general indicator. Please select the items below for all the diagnoses or labels that may apply to your child.

- ADHD / ADD (Attention Deficit Hyperactive Disorder)**
- Anxiety or Depression**
- Auditory Processing Impairment / Central Auditory Processing Disorder**
- ASD / Autism Spectrum Disorder (of any type) / Semantic Pragmatic Disorder**
- DLD or Developmental Language Disorder**
- Language Impairment / Language Disorder / Language Delay**
 - Problems with grammar**
 - Problems telling stories (narratives)**
 - Problems with initiating conversations, maintaining conversations**
- LD or Learning Disability or Specific Reading Disability**
 - Problems with reading or learning to read**
- Dyslexia of any type including Irlen Syndrome**
 - Problems with writing or learning to write or Dysgraphia**
- Low self-esteem or lacks confidence**
- Obsessive Compulsive Disorder**
- Oppositional Defiant Disorder**
- Self-regulation or Behaviour Problems**
- Sensory Impairment (diagnosed by an Occupational Therapist)**
 - Social Communication Impairment**
 - Social Skills Deficit or difficulties**
- List any other descriptions that may be relevant:**

If you highlight any of the above area, we will ask you to provide an appropriate professional report indicating how the diagnosis was made or how the label is justified. You will need to email these documents in pdf or word format to jessica.matov@shine.org.au

Is the child eligible for or receiving NDIS funding? *

- Yes, receiving funding**
- Yes, eligible but not yet receiving funding**
- Yes, receiving funding but have been unable to access intervention**
- No**
- Currently applying**

Please provide us via email with copies of the NDIS Plan. This may be used when establishing goals and conducting treatments.

Is the child funded at school under a State Program for Students with a Disability?*

- Yes**
- No**

If the child is funded, it would be useful to know what treatments the child is receiving so that we can continue with appropriate evidenced-based treatments.

Does your child have an Individual Learning Plan (ILP)?*

- Yes**
- No**

If YES, most recent ILP must be attached

Please provide details from the application for this program or a summary of the treatment that is being done. This may be a report from a therapist or a copy of a recent IEP / ILP.

Did your child receive teacher aide support in 2024? *

Yes

No

If yes, how many hours per week: _____

Is your child currently accessing any intervention/therapy services? *

No

Yes, if yes—please specify professional type delivering (e.g. speech pathologist/ psychologist/occupation therapist) and dosage (e.g. how often accessing service) and duration of service (how long has your child accessed the intervention service) and where they access it (e.g. school or privately)

If your child received therapy in school or outside school (private therapy / practice or tutoring) from any therapist or specialist, please provide us with a copy of the most recent report.

Has this applicant attended a previous SHINE Intensive or School Based Program? *

Yes

No

This could be a previous January Intensive Program or an in school program.

Please advise which year/s applicant has previously attended the SHINE Intensive or School Based Program.

Please describe your concerns about your child so we can better understand them and support them - include any relevant information *

Date & Program Preferences for 2025 January SHINE Intensive Intervention Program

All programs take place at St Kilda Primary School and run for 5 days from 9am to 3pm, Monday through Friday. Your child should attend every day. Children should normally be available to attend all 5 days to get maximum benefits.

- Week 1 - Monday 6th January to Friday 10th January 2025**
- Week 2 - Monday 13th to Friday 17th January (finishing at 1.00pm on Friday)**

You must indicate your preference in the space below for Week 1 or 2. Indicate by listing them below in the order of the week you prefer to attend. *

Preference 1

Preference 2

Identify (write in) what you believe needs to be worked on or what your child needs help with: *

REPORTS TO INCLUDE WITH EXPRESSION OF INTEREST FORM

- **All Previous Health/Medical Reports including at least 2 recent school reports (Dec 2022; June 2023) must be provided.**
- **Please provide us with any / all relevant reports (Hearing, Vision, Medical, Physiotherapy, Occupational Therapy, Psychology, IQ, Speech-Language Assessments or Therapy Reports, ILP or IEP, and NAPLAN Results, etc.)**

These reports are required to enable us to set appropriate SMART goals. All reports SHOULD be attached. Those with complete applications will be prioritised

Family Details

*** indicates a required field**

Parent/Guardian 1

Parent/Guardian 1 Name: *PRIMARY CONTACT

Relationship to Applicant:*

Parent/Guardian 1 Mobile Phone Number:*

Parent/Guardian 1 Email: *

Parent/Guardian 2

Parent / Guardian Name:

Relationship to Applicant:

Parent/Guardian 2 Mobile Phone Number:

Parent/Guardian 2 Email:

Additional comments, including information about custody, parent arrangements:

Other Details

Number of OTHER Dependents (under 18 years) *

Ages of Dependents (under 18 years) *

List any diagnoses of other dependents

Annual Household Income

Please include any other information you would like us to consider when prioritising places in the SHINE January program (e.g. hardship, access to supports/ intervention, disadvantage in relation to disability/social circumstances/finances, other background information)

Referral

How did you hear about the SHINE Intensive Intervention Program?

- SHINE website
- Existing SHINE client
- Social Media (e.g., Facebook, Instagram)
- Press (e.g., Newspaper, Radio)
- Referee or Referral by (e.g., Therapist, Doctor, Teacher)
- Word of Mouth
- School
- Other:

THERE IS NO CHARGE FOR SHINE PROGRAMS. SHINE IS A PHILANTHROPIC ORGANISATION AND DOES NOT CHARGE FOR SERVICES ALTHOUGH WE ARE HAPPY TO ACCEPT DONATIONS.

Submission of this application is an expression of interest only. Should additional information be required we will contact you via email or phone. You will be advised the decision on your application by no later than 20th December 2023.

Privacy Collection Statement

Your privacy is respected by SHINE. The personal information you provide on this form (including sensitive information about your health) will be used to assess your eligibility.

It may be provided to organizations that assist us, or as required or authorized by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent.

If you have any privacy concerns or would like to verify information held about you please contact Dr Jessica Matov. By ticking below, you confirm that you have read and agree to SHINE's guidelines. Submission of this application to SHINE does not expressly mean or imply that SHINE has accepted your application. SHINE is under no obligation, legal or otherwise, to process your application to a successful conclusion. Each application will be determined on its merits, and within SHINE's funding guidelines. SHINE is not liable for any loss or damage whatsoever upon your application being declined.

By forwarding this application to SHINE, you acknowledge that any and all implied terms and conditions implied by law are excluded.

As Parent or Guardian, I consent to SHINE collecting the information provided on this form. I have read and agree to SHINE's guidelines. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from SHINE. *

Yes

No