



St Joseph's
CATHOLIC PARISH PRIMARY SCHOOL **BULLI**
Truth and Light

5 August 2020

Dear Parents

Seasons for Growth

Change and loss are issues that affect all of us at some stage in our lives. At St Joseph's Catholic Primary School, we recognise that when changes occur in families through death, separation, divorce or related circumstances, young people may benefit from learning how to manage these changes effectively.

In Term 3, students have the opportunity to be part of an education program called *Seasons for Growth*.

This program is facilitated in small groups and is based on research that highlights the importance of social support, and the need to practice new skills such as managing feelings, problem-solving, decision making, effective communication and setting up support networks.

The program is not designed as an immediate response to a life-changing event. The program targets children who may need support six months or more after such an event.

Seasons for Growth is an eight-week program with one 45 minute session in school time each week. The program concludes with a celebration session.

St Joseph's is pleased to be able to offer this important program and we are confident that it will be a valuable experience for those who participate. The program is facilitated by our school chaplain, Mrs Cecilia Welch, who has accredited training in the Seasons for Growth program.

If you would like your child to be part of the program please fill in the form below and return it to school by Wednesday 12 August. Please remember that group numbers are limited.

If you have any queries please do not hesitate in contacting Cecilia via the school office to discuss.

Regards

Mrs Cecilia Welch
Pastoral Support Worker



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Seasons for Growth

I _____ give consent for my son/daughter _____
from _____ (Class) to attend the Seasons for Growth program. I have discussed this with
my child.

Our family has experienced grief and loss as a result of:

- Death
- Divorce
- Separation
- Other (please specify) _____

Parent/Carers Name: _____

Signature: _____

Contact Number: _____