

PARENT CONSENT FORM

- The Social Skills Workshop will be conducted **once a week**, for a period of **10 weeks**.
- Each session will last **one hour** and it will include games, physical activities, role-play, story-telling and group discussions.
- The workshop will focus on themes such as: Expression of feelings, Friendship, Team-work, Helpfulness, Kindness, Trust, Patience, Generosity, Communication and Problem-Solving skills.

The school will be responsible to book a time for the workshop that is suitable for the children and provide a classroom for the workshop. The children will be in a safe environment as they will be supervised at all times and the topics of the workshop will be appropriate to the age and developmental level of each child.

There are many benefits for children participating in Social Skills Workshops as they give them the opportunity to practice their social skills, interact with peers and engage in prosocial behaviours.

**This is to state that I _____ parent/guardian of
_____ agree for my child to participate in the Social Skills
Workshop conducted by Mariam Khatchadourian, under the supervision of
Ms. J. A. MacMillan.**

SEE OVER ➡

PLEASE RETURN THIS FORM TO Classroom teacher by October 18



**I FREELY CONSENT AND VOLUNTARILY AGREE THAT MY CHILD PARTICIPATES
IN THIS WORKSHOP**

CHILD'S NAME (Please print): _____

GUARDIAN'S NAME (please print): _____

SIGNATURE: _____