



# PONOKA ELEMENTARY SCHOOL

Principal: Mrs. Lois Spate  
Assistant Principal: Mrs. Nicole Rawlinson

5510 – 48 Ave. Ponoka, Alberta T4J 1N7  
Phone: (403) 783-3583 Fax: (403) 783-6094

## Ponoka Elementary Student Services Team (PESST)

### \*Parent Permission Form\*

*This permission form goes out to every student, it does not mean your child necessarily needs these services, however, if you would like your child to participate in any of these programs please fill out the consent form and return to your child's teacher.*

\*\*\* this consent form will be valid for the duration of the current school year. When your child is scheduled to begin their respective program; parents will be contacted and provided the dates s your child will be attending, if you are wanting mentoring or family/school liaison further follow up with the respective facilitator will be required and parents will be contacted. \*\*\*

- ☐ **Buddy Up!** Is a program to help students improve their social skills in a safe and enjoyable environment. Topics for gr. 1-2 are sharing, taking turns, making friends and identify feelings. Topics for grades 3 are positive statements, group inclusion, personal uniqueness, role models, and teasing/criticism. Topics for gr. 4-6 are teasing, identifying feelings, being a good friend, fairness, dealing with pressures, appreciating yourself (Grade 1-6)
- ☐ **Power Up!** Group will help children to develop positive self-esteem and learn coping skills to better manage their stresses and emotions. Children will develop new skills through a discussion and activity-based program which includes role-playing, expressive art activities, cooperative games and discussion. Children are grouped according to their ages/grades and needs. (Grade 1-6)
- ☐ **RAINBOWS “Guiding kids through life’s storms”** dedicated to helping children grieve and grow after loss. RAINBOWS build the confidence and self-esteem of hurting children, improves their communication, and works to prevent destructive behaviors. RAINBOWS is for children suffering significant loss, whether from the death of a loved one or a loss due to separation or divorce. (Grade 1-6)
- ☐ **Volcano in my Tummy** – group will help children better manage anger issues. Children will develop skills to manage anger through a discussion and activity-based program (Grade 1-6)
- ☐ **“What to do when you worry too much”** – This program will help children learn some strategies/skills to manage stress and anxiety issues. Children will develop these skills through a discussion and activity-based program (Grade 4-6)
- ☐ **In-School Mentoring (in partnership with Big Brothers Big Sisters of Ponoka)** a program that matches students with safe, caring adults who spend an hour per week together during the school day. A mentor is a role model to a student; through friendship, guidance and sharing, a mentor helps build a child's self-esteem. (Grade 1-6)
- ☐ **Family School Liaison Worker (FSLW)** working with families/school and community to provide supports necessary for success (k – 6)

Please provide information below:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PLEASE FILL OUT THE OTHER SIDE**



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## PARENT PERMISSION FORM

To the PARENTS / GUARDIANS of: \_\_\_\_\_

I understand that my child/ward has been referred for the service of Ponoka Elementary Student Services Team (PESST). **I am in agreement** with this referral and give permission for my child/ward, \_\_\_\_\_ to receive the above-indicated services at Ponoka Elementary School.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Please indicate services currently being received by the student:

Family/School Liaison ☐ Mental Health ☐ Speech/Language Services ☐ Public Health ☐

Social Services ☐ OTHER: \_\_\_\_\_

### PESST team members

**Mrs. Jennifer Erick:** Inclusion Coach, working with students, teachers and parents to implement optimum programming based on individual student learning needs

**Ms. Michelle Green:** Family School Liaison Worker (FSLW), working with families and school to provide supports necessary for success

**Mrs. Nicole Rawlinson:** Assistant Principal, working with students, staff and families to identify needs and implement necessary supports for student success

### Reason (s) for referral:

1. What is the concern of the parent/ school?

2. What solutions have the parent/ school attempted?

School Admin Signature: \_\_\_\_\_

Date: \_\_\_\_\_