

Crafting and Conversations Enrichment Program

*Our children often have the best intentions,
but they sometimes don't know quite what to do or say.
We can help with that!*

For students in grades: 3-5 th grade

- Mondays 3:30-4:30 (Jan 9, Jan 23, Jan 30, Feb 6, Feb 13, Feb 27)
6 sessions- \$150; Make check payable to Mirowitz

Dear Parents and Caregivers,

Our goal is to offer sessions that nurture a positive self- image, strengthen self-confidence, and promote emotion- understanding and -expression. We offer supportive solutions that focus on increased flexibility and engaged listening and responding.

In our group, we provide a supportive framework for:

- Self- esteem and -concept
- Affirming boundaries (e.g. saying no)
- Self -advocacy
- Emotional- and self- regulation
- Social- cognition and -reasoning

This group will focus on skills such as conversation, building and maintaining friendships, problem-solving, and sensory and emotional regulation. Each week we use a book with a theme to promote discussion. We use a variety of art medium, crafting, games, and practice with others in the group. Our sessions will always reflect inclusivity, acknowledgement, and affirmation.

This Enrichment Program is led by Mirowitz's Speech and Language Therapist, Casey Stallings, M.S. CCC-SLP and Occupational Therapist, Risa Shyres, M.S. OTR/L. Both have extensive and diverse experience and have designed and implemented programs for: executive functioning, sensory and language processing, self - and emotion- regulation, and social cognition and reasoning.

Questions: please contact Risa Shyres rshyres@mirowtiz.org or Casey Stallings cstallings@mirowtiz.org

Craft and Conversations Enrichment Program
Registration Form

Grades- 3-5

Mondays 3:30-4:30 (Jan 9, Jan 23, Jan 30, Feb 6, Feb 13, Feb 27)

6 sessions- \$150 - Make check payable to Mirowitz

Minimum 4 students/ maximum 10

Student Name: _____ Grade: _____

Please specify any learning or special health needs:

Any food or environmental allergies? _____

Parent Name/s: _____

Home Phone: _____

Cell Phone: (parent 1): _____

Cell Phone (parent 2): _____

Preferred Email: _____

After our meeting, will your child be going home or going to aftercare?

Parent/ Guardian Signature

Date

Please return this form to the Mirowitz school office along with a check for \$150 payable to Mirowitz by January 3, 2023.