

14/12/21

Dear Parent/Carer,

 **Play Therapy Support from Tina Fallon**

We are delighted to be able to extend our Play Therapy provision this year through funding from the Healthy Happy Minds Programme.

Tina Fallon, our Play Therapist, is a highly experienced Integrative Therapist with professional qualifications in counselling and play therapy. She has been vetted and can work one to one with pupils. All pupils are eligible but only children most in need of support will avail of this service. We are targeting pupils who have low self-esteem, anxiety or who need support in building up their resilience. Children whose families are experiencing financial, welfare, mental health, physical health or family issues may also benefit from this therapy.

We are setting up a referral procedure for this service, so we can assess and prioritize according to need. We may also consider your child’s GL Assessment PASS scores in decision-making as these scores can indicate poor ‘Learner Self-Worth’. No child will be able to access this service without parental permission. Sessions should last approximately 45 minutes and will usually take place over 8 weeks.

If you feel that this support may benefit your child, please complete the referral form overleaf and return to reception in a sealed envelope (marked ‘FAO Play Therapist’). All information will be treated confidentially and will be available only to the Principal, senior staff and Mrs Fallon. If your child is selected for Play Therapy, you will be informed. Otherwise, he/she will be placed on a waiting list and hopefully, will avail of a place in future. Referral forms must be returned by 12 noon on Wednesday 22nd December.

I hope that this programme proves beneficial.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal

**2021-2022 Therapy Referral Form**

Name of Play Therapist: Tina Fallon (Peace of Mind Counselling)

Time of Sessions: Monday mornings

Length of session: approx 45 mins

***If you feel that your child would benefit from this service, please complete the form below.***

**Name of child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please write a brief summary of why you think your child would benefit from this Play Therapy support.**

**I give consent for my child, if selected, to avail of Play Therapy. Yes**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**