



# Parent Application

Thank you for your interest in participating in Honu Kids program! To ensure that we get a most fulsome picture of who your child is as well as your understanding of the parent/caregiver participation, please fill out the form below and email to [hello@honucreative.org](mailto:hello@honucreative.org)

## Parent Information

Parent (1) Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Parent (2) Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

## Child Information

Child's Name: \_\_\_\_\_

Child's Grade: \_\_\_\_\_

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

5-7 Year Old Group

8-10 Year Old Group

## School Information

Name of School: \_\_\_\_\_

School Counsellor/ Teacher Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Reason/interest/hopes for participation in pilot program:

Child's strengths:

Challenges at home:

Challenges at school:

Commitment to attend ALL sessions:

Yes  
 No

Consent to collect data for research and program development purposes only:

Yes  
 No

Schedule intake interview- ideal days/times for a 15-minute phone call

Option 1	Option 2
Day:	Day:
Time:	Time:

I give consent for the school to share supporting information regarding my child, \_\_\_\_\_ 's social and emotional behaviour/functioning in the school setting.

Parent's Signature: \_\_\_\_\_



# School Information Form

Thank you for your interest in participating in Honu Kids program! To ensure a good fit for the program, please have your school counsellor OR classroom teacher fill out the form below and email to [hello@honucreative.org](mailto:hello@honucreative.org)

## School Information

Name of School: \_\_\_\_\_

School Counsellor/ Teacher Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

## Student Information

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

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

## Parent Information

Parent (1) Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Parent (2) Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

## Background Information

Has received counseling support at school currently and/or in the previous school year? If yes, please specify what type (ie. Check-ins as required, individual regular sessions, small group, behaviour support/planning, etc.)

Progress Made: slow/ongoing? Good? Waitlisted for outside agency involvement? Con't ongoing outside agency support?

Has received outside counselling? If so, what type (ie art therapy, play therapy, talk therapy, etc.)?

Additional clarifying information (ie Specific diagnosis? Assessment in progress? Specific challenges? When/where/with whom? etc.):

\*Please email any supporting documents to **hello@honucreative.org**

School Counsellor/ Teacher Signature: \_\_\_\_\_

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