



December 10, 2018

Dear Parents,

Commack SEPTA is happy to announce that we will once again offer our **Social Skills Program**. If your child has a current IEP (is a classified special education student) or has a 504 and is in grades K-5, he/she is eligible for this program. The program's purpose is to build each child's social competence through the use of role playing lifelike social situations with professional and peer feedback as primary learning techniques.

Some goals of this program include the following:

- Students will learn to introduce themselves to others without being prompted.
- Students will have appropriate small talk with their peers (conversation skills).
- Students will learn to take turns appropriately.
- Students will learn to accept disappointments appropriately (ex. How to be a good loser).
- Students will learn to use appropriate coping mechanisms when they are angry.

The social skills groups will be led by either a teacher or social worker from the Commack School District. The majority of the program is funded by Commack Septa.

Please complete the attached application by January 14th. Before a child is placed in a group, the Group Leaders will conduct an individualized assessment of the child's social functioning. This will determine if this program will meet your child's needs. The cost of this program is \$75.00 for SEPTA members and \$100.00 for non-members.

The Social Skills classes will begin sometime in late January or early February. Classes will be scheduled according to teacher availability. The program will run for twelve weeks. The one hour session will begin immediately after school on days to be announced and will be held at Mandracchia-Sawmill (grades 3-5), Burr (grades 3-5), Wood Park (grades K-2), North Ridge (grades K-2), Indian Hollow (grades K-2), and Rolling Hills (grades K-2). The number of classes and location will depend upon the building availability and enrollment in the program. **This is an afterschool workshop and a one on one aide is not provided.**

If you have any questions about this program, please feel free to call me, Amy Loguercio, at 631-935-3755 or email me at aloguercio273@yahoo.com all applications should be sent to:

**Amy Loguercio
67 Hayrick Lane
Commack, NY 11725**



APPLICATION FOR SEPTA'S SOCIAL SKILLS GROUP

Student's Name _____ Birthdate _____

Home phone # _____ Parent Cell # _____

Address _____

Parent's email address _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Student's Grade _____ Student's Age _____ Student's Teacher(s) _____

Student's Current School _____

Parent's Names _____

My Child will be picked up by _____

Please indicate all days of the week you can attend: _____

Does your child have any allergies or medical concerns? Yes _____ No _____

If yes please list: _____

Please be aware that there will not be a nurse on the premises. 911 will be called in the case of a medical emergency.

Reach CYA, Inc. provides administrative support for the enrichment workshop. All questions should be directed to Commack SEPTA.

I hereby give my permission for my child to participate in Commack SEPTA'S Social Skills Program. I agree that my child will attend once a week for a 12 week period. In the event that I cannot be reached in a medical emergency, I give Reach CYA, Inc. authorization to secure proper medical treatment, including taking my child to the nearest hospital. I understand that I am financially responsible for any expenses for medical care and/or transportation incurred on my child's behalf. I understand REACH CYA does not provide any health/hospitalization insurance for program participants. I agree to hold REACH CYA, Inc., staff, Board of Directors, volunteer chaperones, designated drivers, and all funding sources harmless from and against any and all liability, loss, damages, claims, or actions(including costs and attorney's fees) for bodily injury or property damage, to the extent permitted by law.

Enclosed is my check for \$75.00 for Septa members or \$100.00 for non-members, made payable to Commack Septa. This check will cover the cost of the materials and will be refunded if my child is not accepted into the program. Please note that there will be a \$15.00 returned check fee

Signature _____ Date _____ Parent/Guardian