

**YOUR SCHOOL’S HSP PROGRAMME DATES AND DETAILS FORM 2019**

**Due date: Friday, 31 January 2019**

**Email to** [**colleen@wordworks.org.za**](mailto:colleen@wordworks.org.za) **or fax to 086 775 7930**

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| **YOUR SCHOOL** | |  | | | | | | | |
| **YOUR SCHOOL’S PHYSICAL ADDRESS**  **(FOR DELIVERY OF RESOURCES)** | |  | | | | | | | |
| **LEAD FACILITATOR’S INFORMATION** | | **NAME** | | | **PHONE NUMBER** | | | **EMAIL ADDRESS** | |
|  | | |  | | |  | |
| **OTHER FACILITATORS’ NAMES**  **(include new facilitators training in 2019**  **if applicable)** | |  | | | |  | | | |
| **SELECTED DAY OF THE WEEK FOR HSP SESSIONS** | | **MONDAY** | **TUESDAY** | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** | **SATURDAY** |
| **SELECTED SESSION TIME** | | **START:** | | | | **END:** | | | |
| **INSERT SESSION DATES** | | | | | | | | | |
| **SESSION 1 DATE** |  | | | **SESSION 5 DATE** | | |  | | |
| **SESSION 2 DATE** |  | | | **SESSION 6 DATE** | | |  | | |
| **SESSION 3 DATE** |  | | | **SESSION 7 DATE** | | |  | | |
| **SESSION 4 DATE** |  | | | **SESSION 8 (GRADUATION) DATE** | | |  | | |
| **REMINDERS** | | | | | | | | | |
| 1. **All parents present to complete FEEDBACK after sessions 3 and 8** 2. **Submit 2nd request for parent resources after session 3** 3. **Complete portfolio as sessions progress (new facilitators in training)** | | | | | | | | | |
| **NOTES** | | | | | | | | | |
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**Thank you! It is so important for our planning to have these details early in the year.**