

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

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

**Email to** **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)** | 1.
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| **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)**
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| **NOTES** |
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**Thank you! It is so important for our planning to have these details early in the year.**