

Got It! Program – Expression of Interest Forms

Got It! (Getting On Track In Time) is about growing stronger, happier families and communities that share and learn from one another!

The *Got It!* small group program will take place at Kensington Public School **on Fridays, from 9:00am-11:00am in Term 4, 2025**. The group requires one parent and one child to attend, and it will run for 9 weeks during the term.

Got It! teaches children all about emotions – how to identify and manage them and teaches parents how to support your child when they have big emotions.

PLEASE RETURN THIS **CONSENT FORM AND THE STRENGTHS & DIFFICULTIES QUESTIONNAIRE** (NEXT PAGE) TO YOUR CHILD'S CLASSROOM TEACHER BY **FRIDAY 8th AUGUST 2025**.

Please tick the relevant box that applies to you:

- ☐ My family is interested in the 9-week *Got It!* group program. I give consent for my child to be included in the screening process and I understand I would be contacted if my child may be suitable for the inclusion in the *Got It!* program.
- ☐ My family is unable to commit to the 9-week *Got It!* program, however, I would like additional information or support.

Child's name: _____ Date of birth: _____

Gender: _____ Class: _____ Aboriginal or Torres Strait Islander: Y / N

Identify as Culturally and Linguistically Diverse (CALD): Y / N

Language spoken at home: _____

Parent/Carer 1 name: _____ Contact number: _____

Parent/Carer 2 name: _____ Contact number: _____

Email address: _____

Signature: _____ Date: _____

Please note there are limited places for this program, and it may not be possible for all interested families to be included. We will discuss with the school what other options could be considered in addition to Got It! to meet the needs of the school community.

Initial Parent SDQ Form

Parent Strengths and Difficulties Questionnaire

Your child's name: _____ Date of Birth: _____

Aboriginal/Torres Strait Islander/Cultural background: _____

Date: _____ Male / Female Age: _____ Class: _____

Your name: _____ Mother/Father/Other (please specify): _____

Address: _____ Contact No: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example pencils, books, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other comments or concerns?			

Over the last six months, have your child's teachers complained of:

	No	A little	A lot
Fidgetiness, restlessness, or overactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration or being easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting without thinking, frequently butting in, or not wait for his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

	No	Yes– minor difficulties	Yes– definite difficulties	Yes– severe difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

How long have these difficulties been present?				
	Less than a month	1-5 months	6-12 months	Over a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the difficulties upset or distress the child?				
	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the difficulties interfere with the child's everyday life in the following areas?				
	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the difficulties put a burden on you or the family as a whole?				
		Only a little	Quite a lot	A great deal
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____