Dear Parents/Carers and Students,

Dongara District High School is pleased to announce an additional support program available to our students commencing in Term 2, 2016 and is part of our whole school Health & Wellbeing focus area.

Rainbows is a peer support and leadership program for students who have suffered a significant loss in their life. When a change takes place in a family, whether it is death, divorce or separation, or any other significant loss eg. Parents working away (FIFO) or physical/mental issues it has a profound effect on the whole family. Young people as well as adults grieve over significant life changes as well as the loss of loved ones who were once part of their everyday lives.

Rainbows is not a counseling service. It is small group work that consists of up to 5 children and one adult accredited facilitator. The program runs during school time for 1 period/week for 12 weeks including a Celebrate Me Day.

If your child is part of a single parent family, a stepfamily, has experienced the death of a loved family member, friend or sibling, or is struggling with a painful experience, this will be an opportunity for them to share what is happening. They work through their grief, build a stronger sense of self-esteem and begin to accept what has taken place in an emotionally safe environment. Confidentiality, which is at the heart of all Rainbows programs, is kept at all times unless a child or young person is at risk, in which case the school's safeguarding procedures are followed.

Expressions of interest to register for groups commencing in Term 2 are now open. Please note closing date for registrations is Monday 23 May 2016. If you are interested please return the slip below to the front office.

Yours faithfully

Janine Calver
Principal

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Rainbows program

I, _____________________________________________ (Parent/Carer name) am interested in my son/ daughter _________________________________________(Student Name)

being part of the Rainbows program. I have discussed this with my child please circle: Yes/No

I would to speak with someone to find out more about the program: Yes/No

Parent Signed: ___________________________ Date: ___________________