



2nd Term Learning Support Group (P.1-P.2)

Dear Parents,

Our school pays attention to the personal growth of students and has organized the following learning support groups to allow students to improve their skills through different learning activities.

	Class group	Target	Time	Date	Venue
<input type="checkbox"/>	"Reading and Writing Fun" Chinese Proficiency Improvement Group (Beginner Level)	P.1-P.2 Students	3:30-4:30	Monday (8 sessions) 2/3,9/3,16/3,23/3 13/4, 4/5,11/5,18/5	Room 402
<input type="checkbox"/>	"Individual Social Skills Training"	Students	During class hours	Monday (8 sessions)	Room 301A
<input type="checkbox"/>	"Joyful Focus" Attention Enhancement Group	P.1-P.2 Students	2:30-4:00	Wednesday (8 sessions) 4/3, 11/3, 18/3, 25/3 15/4, 6/5, 13/5, 20/5	Room 203
<input type="checkbox"/>	"English Jumping Beans" English Language Enhancement Group	P.1 Students	2:30-4:00	Wednesday (8 sessions) 4/3, 11/3, 18/3, 25/3 15/4, 6/5, 13/5, 20/5	Room 403
<input type="checkbox"/>	"Stroke and Motion Mobilization" Occupational Therapy Training Group	P.1-P.2 Students	3:30-4:30	Friday (8 sessions) 6/3, 13/3, 20/3, 27/3. 10/4, 8/5, 15/5, 22/5	Room 203
Remarks:	1. Students must wear proper school uniforms to attend classes. 2. If you cannot attend the above activities as scheduled on that day, please call the school office for leave (Tel: 2381 9504).				

Please complete and return the reply slip to your child's class teacher on or before 13th January, 2025.

Principal: Cheung Lai Wan

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To: Ms. Cheung Lai Wan
Principal
Shamshuipo Kaifong Welfare Association Primary School

I have been informed of the details of the above classes.

I **agree** for my child to participate in the learning support group and confirm that my child is in good health to participate.

Chinese Proficiency Improvement Group (Beginner Level) Occupational Therapy Training

Group Attention Enhancement Group English Language Enhancement Group

Individual Social Skills Training

I **do not agree** for my child to participate in this activity.

Class _____ Student name: _____ ()

Signature: _____

Contact no.: _____

Mode of dismissal: Pick up by parents

Go home alone

Date: _____

* tick the appropriate