

**ADDENDUM A**  
**INFORMED CONSENT**

# EDUCATIONAL CONSULTANT

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081 127 8210  
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Herewith I, \_\_\_\_\_

Parent / guardian of, \_\_\_\_\_

agree to the following:

1. that my child / the child under my care may be included in an experimental assessment and intervention programme where my child / the child under my care will be assessed on the bases of cultural background and impact as well as on his/her level of emotional intelligence.
2. that my child may be included in an experimental emotional intelligence enhancement programme.
3. that the results derived from this experimental assessment and intervention programme may be published in a research report, without the making any information known, which will lead to the identification of my child or any family / friends / relatives in her social context.

I know that my child / the child under my care's participation in this experiment is voluntary and that I and/or my child may terminate participation at any time without any further obligation towards the programme and / or the researcher.

Full names of researcher: \_\_\_\_\_

Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed:**

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDENDUM B**  
**INFORMATION AND AGREEMENT LETTER TO CARETAKERS  
OF CHILDREN JOINING THE PILOT STUDY**

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Dear Parent / Caretaker

Herewith I want to thank you for including your child in the programme presented by me this term. I will try my best to make this an enjoyable learning experience.

This programme has as its goal the strengthening of your child's emotional intelligence. Based on the CAS test done in 2004, your child's planning processes was a little weaker than what it should be for effective support of other thinking processes. Planning processes are closely linked to emotional intelligence as it incorporates the skills necessary for good emotional intelligence.

The following are the basic themes, which will be covered in the programme:

- Awareness of self and emotions – self-knowledge
- Being responsible and in control of emotions and thoughts
- Expressing feelings using the right vocabulary
- A good relationship with other people
- Understanding self as 'n whole – feelings, thoughts, body
- Being flexible – also accepting different opinions
- Having a goal / purpose in life
- Being motivated, enthusiastic and positive
- Courage and energy to be what he/she wants – not to give up when failing
- We choose happiness

The programme will be presented over 12 weeks to be able to cover the necessary themes. Follow-up programmes might be available if necessary. No sessions will be held during school holidays.

The first two sessions will be spent on an introduction to the programme and group members as well as determining the child's personality / behaviour and learning style.

Furthermore we will videotape one or more of the sessions for the sake of study and research. The information on these videotapes will be treated confidentially. No-one will have access to this, except for the Centre for Play Therapy in Wellington, South Africa. Your child will thus participate in the pilot study of a final intervention programme to increase emotional intelligence of primary school children in a culturally sensitive way, using Gestalt play therapy techniques.

Please complete the slip at the bottom of this letter and return this with your child to the next session, indicating whether you are willing to engage your child in this programme.

Sessions will be one hour long. It will start exactly at .....to be able to fit the programme goals and also to fit in with the rest of the afternoon programmes of the children. Please bring your child on time and pick him/her up at ..... again. We can unfortunately not promise safe care for your child before or after the sessions as the practice also accommodate other therapists and clients.

I sincerely hope that we will have an enjoyable and effective programme. You will receive an information slip each week, with the theme for the week and the date of the next session.

Yours sincerely.

Marelise Calitz  
Psychometrist and Educational Consultant

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Herewith I, \_\_\_\_\_, parent of  
\_\_\_\_\_ give my permission that  
this child may be included on a videotaped session/s for research / study purposes and  
be part of a pilot study for the final research programme.

Signed:

\_\_\_\_\_

Parent

\_\_\_\_\_

Date

**ADDENDUM C**  
**INFORMATION LETTER AND REMINDER SLIPS OF**  
**TIME AND DATE OF SESSIONS**

# Marelise Calitz

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Dear Parent / Caretaker

The following is some information concerning the Gestalt therapy group therapy sessions to enhance the emotional intelligence of your child.

Sessions are taking place on Mondays, 14:00 to 15:00. The time of the sessions may be lengthened to one and a half hour, thus from 14:00 to 15:30 soon. I will keep you informed of these changes by letter and telephonically.

Please bring your children to the sessions on time, that is 14:00 and please pick them up again at the end of the session. It is impossible for me to take care of their safety after their session, because I am busy with other appointments and group sessions then.

I really appreciate your cooperation.

Greetings.

Marelise Calitz  
Psychometrist and Educational Consultant

**EXAMPLE OF REMINDERS TO PARENTS / CARETAKERS**

**OVERVIEW OF SESSION 3**

**\* CREATING A LIFE BOOK.**

**\* SELF-AWARENESS – SHARING FEELINGS**

**NEXT SESSION: MONDAY 7 MARCH, 14:00**

**PLEASE BE ON TIME – 1 HOUR IS VERY LITTLE TIME FOR ALL  
THE THINGS WE WANT TO DO**



**ADDENDUM D**  
**INFORMATION CONCERNING TRAINING AND PURCHASING OF  
TESTS USED IN THE INTERVENTION PROGRAMME**

# WORLD TEACH™

TEACHING THE WORLD A BETTERWAY

WorldteachNamibia

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Tel: +264-61- 258006 / 258324

Fax/ Faks: : +264-61- 258324

344 Independence Avenue

E-mail/ E-pos: namibia@wtb.co.za

## **Behavioral Style Analysis**

The Test: All about Bots! All about you! – as referred to in this study is a Behavioral Style Analysis.

This form part of the Personal Behavioral Style Analysis programme using the D.I.S.C analysis. Also part of this whole programme is Sharpening Your People Skills, Solving The People Puzzle, Understanding the love of your life and Teambuilding.

You have to do a week training course to enable you to use this very helpful tool. To find out more about this course and other trainings please contact our offices in Windhoek or Johannesburg.

Windhoek: 061-258006

Johannesburg 011-7824222

May God bless you indeed.

Dr Chrisna von Gericke



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Fax ( ) ( ) ( ) ( )	Fax ( ) ( ) ( ) ( )
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Address	Address
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2. Your professional credentials (Check as many as apply.)
 

<input type="checkbox"/> Licensed in:	Area _____	State _____	License # _____	Expiration Date _____				
<input type="checkbox"/> Member of professional organizations (Circle all that apply.)	<input type="checkbox"/> ACA	<input type="checkbox"/> AERA	<input type="checkbox"/> APA	<input type="checkbox"/> ASHA	<input type="checkbox"/> CEC	<input type="checkbox"/> NASP	<input type="checkbox"/> NCME	<input type="checkbox"/> Other
<input type="checkbox"/> Formally recognized professional competence (fellow, diplomate, special certificate)	<input type="checkbox"/> fellow	<input type="checkbox"/> diplomate	<input type="checkbox"/> other certification	Organization _____				
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  - a. Courses (Check each course completed and circle level at which course was completed.)
 

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(circle)	(circle)
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<input type="checkbox"/> Assessment course in major field:	<input type="checkbox"/> U <input type="checkbox"/> G <input type="checkbox"/> O
	<input type="checkbox"/> U <input type="checkbox"/> G <input type="checkbox"/> O
  - b. Other Study (Check each type of program completed.)
 

<input type="checkbox"/> Use of tests in counseling	<input type="checkbox"/> U <input type="checkbox"/> G <input type="checkbox"/> O
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<input type="checkbox"/> Other (list below)	<input type="checkbox"/> U <input type="checkbox"/> G <input type="checkbox"/> O
_____	<input type="checkbox"/> U <input type="checkbox"/> G <input type="checkbox"/> O
_____	<input type="checkbox"/> U <input type="checkbox"/> G <input type="checkbox"/> O
4. Your special competence: (List one test which you use regularly that best illustrates your skill in test administration and interpretation.)

### B. Evidence of Acceptance of the Responsibility for Sound Use of Tests

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