



Madison Youth and Family Services Presents:

THE ZONES OF REGULATION®

The Zones of Regulation is an evidence-based curriculum designed to teach children to identify their feelings and levels of alertness using four concrete, color coded zones. This system provides a foundation of expressive language, helps develop effective regulation tools, helps determine how to problem solve positive solutions, and helps children understand how their behavior influences others' thoughts & feelings.

K-3rd grade Zones Group:

Week 1: Introduction to Zones (Tuesday, July 20th from 1:30-2:30pm)

Goals:

1. Students become familiar with the concept of The Zones
2. Students increase emotions vocabulary
3. Students increase recognition of facial expressions

Activity: Create Wall Poster/Categorize emotions in book

Week 2: The Zones in me (Tuesday, July 27th from 1:30-2:30pm)

Goals:

1. Students learn to identify the zones in themselves
2. Students learn it is natural and expected to experience all of the zones given different situations/ environments
3. Students increase their awareness of how external factors, such as what is happening, who is near them and where they are, impact what zone they experience

Activity: Zones Scenarios Activity

Week 3: Understanding Different Perspectives (Tuesday, August 3rd from 1:30-2:30pm)

Goals:

1. Students gain awareness of how others perceive them in the different zones
2. Students learn that their behavior can change and affect others' thoughts, feelings, and zones
3. Students reflect on the positive and negative impacts of regulating their zone to the demands of the environment and situation

Activity: Understanding Different Perspectives worksheet

Week 4: Me in My Zones (Tuesday, August 10th from 1:30-2:30pm)

Goals:

1. Students gain an increased awareness of how they feel and look in each zone
2. Students improve their ability to identify which zone they are in

Activity: Me in my Zones drawing activity

Week 5: How Do I Feel? (Tuesday, August 17th from 1:30-2:30pm)

Goals:

1. Students understand that different events change the way they are feeling
2. Students improve their ability to use emotional vocabulary to describe how they are feeling
3. Students are able to classify the feelings into the zones to demonstrate understanding of the zones concept

Activity: *'How Do I Feel?'* Book Activity

Week 6: Wrap-up/ Overview (Tuesday, August 24th from 1:30-2:30pm)

Goals:

1. Students reflect on what they have learned the past 6 weeks

Activity: Students share the biggest thing they have learned from the group

Hand out Zones of Regulation Certificates and/or toolboxes



ZONES OF REGULATION

MYFS Summer Support Group Registration Form

Parent/guardians must complete this form to register and need to submit their registration form in advance of the first session.

Demographic Information:

Child's Name: _____ DOB: _____

Grade Completed: _____ School Attending Next Year: _____

Child's Address: _____

Parent /Guardian Name(s): _____

Parent/Guardian's Cell Phone: _____ Other # _____

Parent/Guardian Email: _____

If we cannot reach you, who else should we contact in case of emergency?

Name: _____ Relationship: _____

Phone Number (s): _____

Program Fee Information:

MYFS Group session fees will apply to all participants of "Zones of Regulation" and these can be billed directly to insurance, if so authorized. Parent/guardians intending to utilize their insurance may provide insurance information at the time of registration in order to obtain pre-authorization and/or determine any portion of the fees for which they may be responsible. Parent/guardians will be responsible for any fees not covered by insurance, such as co-pays. Parent/guardians may inquire regarding self-pay fee if not utilizing insurance, and may request a fee reduction and/or fee waiver for special circumstances in accordance with agency policy. Parent/guardians must sign and submit a separate "Fee Agreement" and/or an "Authorization to Bill Insurance" form along with this group registration form, and all forms must be received prior to the child attending the first group session.

Child's Insurance Carrier: _____ InsuranceID# _____

Financial Paperwork Needed:

___ Authorization to Bill Insurance Form Completed

___ Copy of Insurance Card (both sides) Provided

___ Fee Agreement Completed (if applicable)

Additional Information:

No food will be provided by MYFS, however, children may bring their own food to Zones of Regulation group. Does your child have any food or other allergies we should be aware of? If so, please describe below:

Does your child have any medical conditions or sensitivities to environmental stimuli (sounds, tactile, etc) we should be aware of? If so, please describe below:

What do you hope your child will accomplish by participating in this group?

Parent/Guardian Authorization to Participate:

I, (*Parent/guardian*) _____ agree to have my child _____ participate in "Zones of Regulation," and acknowledge my responsibility to pay for program any fees not covered by my insurance and/or in accordance with my signed "Fee Agreement" form.

Parent/Guardian's Signature: _____

Date: _____