



20th September, 2018

Partners in Learning Newsletter
Moving forward With the Passion to Succeed

Dear Parents and Carers,

It's the end of term three already. I can't believe how quickly this year is flying past, but the end of term is a fantastic time to reflect on all the achievements, enjoyment and energetic involvement of all the students, parents and staff at Melton West Primary School.

Term three has been a very busy but productive term for both students and their teachers. There has been lots of learning but also some wonderful whole school activities and lots of extracurricular events.

We started off the term with the P-2 and 3-6 Athletics carnivals. From here students went on to represent Melton West PS at area and regional level resulting in four of our students heading off to the State championships next term. There was also a week long swimming program for all year levels, as well as, rugby, soccer and basketball events where our students enthusiastically participated.

The Drumming incursion certainly got everyone banging on those drums, there was a trip to the Apple Store for our eSmart leaders and The Preps celebrated a hundred days of school or 100 Days of "bugging their teacher," according to a few of the decorated T-Shirts. Books came alive at Melton Primary School for Book Week and children had a lovely time dressing up as their favourite book characters for the book parade. George Ivanoff made an author visit and inspired the children to both read and write.

The year 3 and 4 students headed off to camp and had a wonderful time. Everyone arrived back safe and sound. The 5 and 6 students visited the Art Gallery and the year 1 and 2 students have visited Sovereign Hill.

All the hard work of Ms Henaway, Ms Ralph and Ms Higgins came to culmination with the State School Spectacular Performance at Hisense arena on the weekend. (I am so sorry I had to miss this due to illness.)

Our Community Engagement evenings have been a wonderful success and once again the Parents and Friends have made a fantastic contribution to the whole community with their organisation of Special lunches, disco, Father's Day Stall and Friday fresh fruit.

I hope you all enjoy a well-deserved rest over the next two weeks; refuel and restore yourselves, ready for the last term of the year. Stay safe and look after yourself and those around you. Be kind to your family, friends and those you don't yet know. Explore something new - a book, a place, an idea or question. But most of all stay safe and enjoy your time together. See you all back on Monday October 8th at 8:50am.

Kind regards,

Jennifer O'Connor

Assistant Principal Prep-2 Learning Community

School finishes
2:10pm tomorrow.

Getting it right in Reading!

Oral Language Investigation Stations

Developing sound oral language skills in the early years of life and schooling is essential in supporting students to be successful readers and writers.

Oral language includes two components:

Expressive language (speaking) is the use of words and non-verbal processes to share meaning with others.

Receptive language (listening) is the process of understanding what has been expressed. Listening can occur even when no sounds are heard by taking note of pitch, tone, stress, and the use of gesture to understand a speaker's meaning.

Investigation Stations:

One of the factors that heavily influences oral language includes topics that are motivating to talk about. Investigation Stations are one way that teachers provide opportunities for students to engage in meaningful oral interactions. . Examples of stations include a doctor's surgery, vet, hairdresser, school and restaurant. The stations build on what already interests students or engage their interest by making connections with their real life. Students are encouraged to use the social conventions and language associated with these social situations.

Many of these stations can be created at home using old objects from around the house or made by children using paper and cardboard. Other inexpensive props can be purchased from K-Mart, The Reject Shop or other discount stores. A great project for the school holidays with older siblings or friends!



Sarah Marshall- Leading Teacher Literacy

It is the mission of Melton West PS to work collaboratively to ensure high levels of learning for all.

Fun Brain Teasers

Check out these fun brainteasers and enjoy a range of mind bending math logic that is sure to get you thinking.

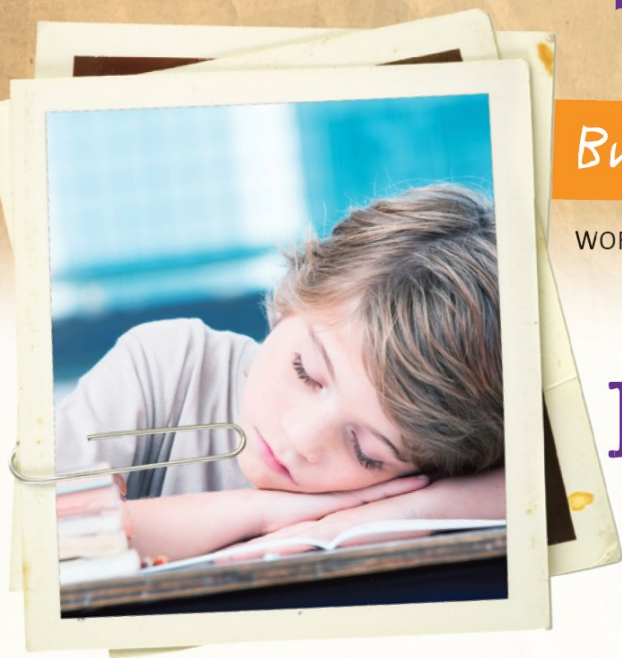
Put your ability with numbers and problem solving skills to the test with classic brainteasers that will leave you scratching your head in search of answers. How many of the brain bending questions can you answer correctly? Give them a try and find out!

1. I am an odd number. Take away one letter and I become even. What number am I?
2. Using only addition, how do you add eight 8's and get the number 1000?
3. Sally is 54 years old and her mother is 80, how many years ago was Sally's mother three times her age?
4. Which 3 numbers have the same answer whether they're added or multiplied together?
5. There is a basket containing 5 apples, how do you divide the apples among 5 children so that each child has 1 apple while 1 apple remains in the basket?
6. There is a three-digit number. The second digit is four times as big as the third digit, while the first digit is three less than the second digit. What is the number?
7. What word looks the same backwards and upside down?
8. Two girls were born to the same mother, at the same time, on the same day, in the same month and in the same year and yet somehow they're not twins. Why not?
9. A ship anchored in a port has a ladder, which hangs over the side. The length of the ladder is 200cm, the distance between each rung is 20cm and the bottom rung touches the water. The tide rises at a rate of 10cm an hour. When will the water reach the fifth rung?



Answers

1. Seven (take away the 's' and it becomes 'even').
2. $888 + 88 + 8 + 8 + 8 = 1000$
3. 41 years ago, when Sally was 13 and her mother was 39.
4. 1, 2 and 3.
5. 4 children get 1 apple each while the fifth child gets the remaining apple still in it.
6. 141
7. SWIMS
8. Because there was a third girl, which makes them triplets!



Building parent-school partnership

WORDS Jenny Brockis

Why effective learning starts with a good night's sleep

Sleep is an active phase of the learning process, which is why as parents the single most important thing we can do to help our kids be more effective learners is to ensure they get enough sleep.

During sleep the brain is very busy replaying the day's activities extremely fast, picking out the key items it believes are most relevant for long-term storage in our memory banks, and tossing out the rest.

The amount of sleep children require varies with age and they require more sleep than adults. In primary school the recommendation is between 10 and 11 hours per night. High school students need around 9 hours to function at their best. The challenge is how to fit everything into the school day along with homework and extra curricular studies such as sport, music and drama, have enough down time to chill and relax, and get enough sleep.

The best way to learn anything is to study the topic hard for a period of time and then go to sleep for 8 hours. While this may not be practical in our every day lives, the principle is pay attention to what needs to be learned and then use sleep

to consolidate memory and deepen the understanding of the subject.

Talking with your child can help them understand why sleep is so important, not just to help with their studies but also to manage their emotions more easily. Anxiety or worry about academic performance, friendship issues and generally keeping up with everything can interfere with sleep, as can receiving text messages or snap chats during the night.

Our children spend many hours engaged with technology to help them study and for social connection. All these gadgets emit a blue light that fools the brain into thinking it is still daytime. Because the brain needs 2-3 hours to wind down and prepare for sleep, switching off the laptop or tablet late at night and then hopping into bed means it will be much harder for your child to then fall asleep.

The most effective way to study for a test is to space the learning. This requires studying the subject for a period of time and then putting it to one side to do something else. Later that day test recall of the subject by jotting down just the key

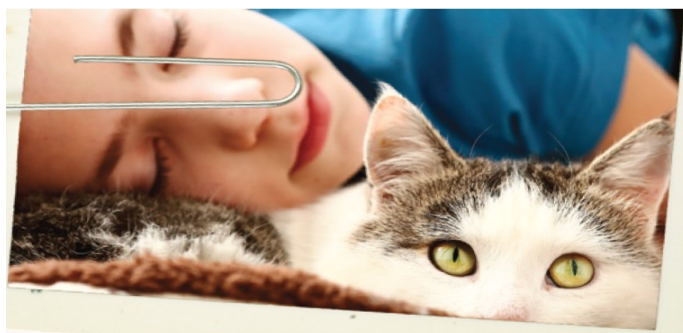
points. Those that have been forgotten can be quickly revised. Repeating this process with increasing lengths of time between self-testing is an excellent way to strengthen memory because it makes the brain work harder to recall the information. This method has been shown to be far more effective than rewriting or highlighting notes.

Getting sufficient sleep ensures the brain is fully rested and refreshed to study more effectively. A tired brain finds it harder to concentrate, focus, remember or learn. Feeling grumpy or irritable doesn't help either!

The temptation to stay up late and cram for a test or exam can be strong, especially if others are doing it. Encouraging your child to get a good night's sleep instead means their brain will be far better prepared to enable them to deliver their best the next day. Trying to stuff more facts into a tired brain just leads to feeling stuffed, which isn't helpful to anyone and not worth the one or two extra marks they might have been hoping to gain.

more on page 2 >>

Want more ideas to help you raise confident kids and resilient young people? Subscribe to Happy Kids newsletter, my **FREE** weekly email parenting guide at parentingideas.com.au. You'll be so glad you did.



... Why effective learning starts with a good night's sleep ...

Helpful tips to assist your young person to get enough sleep

- 1 Keep to a regular sleep schedule for both going to bed and getting up. It can be tempting to sleep in over the weekend, but while getting an additional hour or so can be helpful to pay off some sleep debt, spending longer than that is counterproductive as it further disrupts the normal sleep pattern.
- 2 If they are tired, suggest kids start going to bed 10 - 20 minutes earlier each night. It may not seem like much but can quickly start to make a difference to daytime alertness and wellbeing in just a few weeks.
- 3 Encourage daily physical activity. Some kids are naturally sporty but if your child dislikes exercise, suggest they go for a daily walk for 20-30 minutes or engage in an activity such as dancing. Movement primes the brain for better learning, reduces stress hormones, enhances mood and wellbeing and helps us all sleep better.
- 4 Many young people use their mobile phones as an alarm clock. If so, they can switch it to silent so messages from friends won't wake them during the night. Or buy them a clock so they don't need their phone at all!
- 5 There are a number of apps such as f.lux that will change the display light on computer screens to yellow, which doesn't impact the brain disrupting sleep patterns.

Sleep is essential to better brain health and performance, which is why getting enough sleep is never negotiable.

Jenny Brockis

Dr. Jenny Brockis is the Brain Fitness Doctor. She speaks and writes about brain health and performance. Her new book *Future Brain: The 12 Keys to a High Performance Brain* is available online and at all good bookstores.
www.drjennybrockis.com



Want more ideas to help you raise confident kids and resilient young people? Subscribe to Happy Kids newsletter, my **FREE** weekly email parenting guide at parentingideas.com.au. You'll be so glad you did.

Happy Holidays!





SAY NO TO BULLYING
Sunday 21 October
buddyrun.org.au



Education
and Training



Alannah & Madeline
Foundation



School Holiday Picnic
for
Aboriginal and Torres Strait
Islander Children and Families

Thursday 27th Sept
 10:00am-2:00pm
 Hannah Watts Park
 183 High St, Melton

Activities include:

- Story telling
- Ochre painting
- Picnic games
- Aboriginal necklace making
- Bush bouquet



Light lunch provided.

Please contact Charry on **8746 1511** or email CharryO@djhs.org.au if you are interested in attending.

Supported by:



Koolin Bailt
Babanek Booboop
Early Years Project



djerriwarrh
health services



BLOOD DONORS
URGENTLY NEEDED



The mobile unit is visiting **Melton** this week and there is an urgent need for **36** additional donors.

Donated blood is used for patients experiencing cancer, surgery, childbirth complications and trauma.

Please secure one of the following appointments today:

Date	Available appointments					
Wed 19 Sep	1.00pm	2.00pm	3.00pm	4.15pm	5.00pm	6.30pm
Thurs 20 Sep	1.00pm	1.30pm	2.00pm	2.30pm	3.00pm	3.00pm
	4.15pm	5.00pm	5.30pm	5.45pm	6.00pm	6.30pm
Fri 21 Sep	8.00am	8.30am	8.45am	9.00am	10.00am	10.30am
	10.45am	11.00am	11.45am	12.00pm	12.30pm	12.45pm
	1.15pm	1.30pm	2.00pm	2.30pm	3.00pm	3.30pm

Location: Melton Civic Centre, 232 High Street, Melton

To book call 13 14 95 or visit www.donateblood.com.au

Red25: Company and community groups are welcome to make bookings for groups or individuals through the Red25 program. For more information visit www.donateblood.com.au/red25



Infectious Diseases in Primary School

Schools and childcare services have a responsibility under the Public Health and Wellbeing Regulations 2009 to help manage infectious diseases in their facilities. Different exclusion periods apply to different infectious diseases for cases and contacts. Schools and childcare facilities may also have to notify the Department of Health.

Exclusion periods explained

Parents are sometimes asked to keep their child at home (called 'exclusion') in the event of illness or disease. The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading. By excluding one ill child, many other children (and staff) can be protected from becoming ill.

The need for exclusion and the length of time a child is excluded depends on:

- how easily the infection can spread
- how long the child is likely to be infectious
- how severe the disease can be.

Please read the attached table (overleaf) for the minimum period of exclusion for infectious diseases.

It is the mission of Melton West PS to work collaboratively to ensure high levels of learning for all.

Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts

Public Health and Wellbeing Regulations 2009

Schedule 7

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (*Public Health and Wellbeing Regulations 2009*).

In this Schedule, medical certificate means a certificate from a registered medical practitioner.

[1] Conditions	[2] Exclusion of cases	[3] Exclusion of Contacts
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles*	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella* (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Statutory rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:

- specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
- specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in **bold** with an asterisk (*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit ideas.health.vic.gov.au



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