

SCULLY LEARNING CENTER FOUNDATION [SLCF]

MISSION

SLCF, a 501c3 Arizona non-profit volunteer organization, was founded to enrich the lives of our PARTICIPANTS by providing meaningful, creative and fun “*Experiences*”.

PROGRAM GOAL AND OBJECTIVES

SLCF’s goal is to improve the socialization skills of PARTICIPANTS through various program *Experiences*. *Experiences* always include improving social skills such as making friends, having conversations, appropriate use of humor, building relationships and much more!

Note: The program is focused on providing *Experiences* to individuals with mild or moderate developmental disabilities.

PROGRAM SELECTION CRITERIA

- Diagnosed with at least one of the following 4 defined developmental disabilities: intellectual disability, autism, cerebral palsy, epilepsy.*
- Diagnosis confirmed by at least 1 of 5 sources: Department of Developmental Disabilities, Licensed Medical Doctor, Licensed Psychologist, Licensed Social Worker, Cave Creek Unified School District (CCUSD) Multidisciplinary Team Evaluation Report.*
- Live within the boundaries of CCUSD. **Note:** based on availability, individual(s) living outside CCUSD will be considered.
- Must be at least 12 years old.
- Agree to abide by the “PARTICIPANT Code of Conduct”.

Because of current program and funding constraints, the SLCF is not able to provide *Experiences* to individuals with disabilities that do not meet the criteria set forth above.

If the PARTICIPANT qualifies to participate in SLCF *Experiences* , please complete this questionnaire. **Please print clearly.**

*Please attach documentation of diagnoses for eligibility

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Date: _____

Name of person completing form: _____

Relationship to PARTICIPANT: _____

PART I - PARTICIPANT INFORMATION

Please provide confirmation of the PARTICIPANT diagnosis with this questionnaire.

Name: _____

Nickname: _____

Gender: Male Female

Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Does PARTICIPANT reside in the Cave Creek Unified School District? Yes No

Is the PARTICIPANT currently attending school? Yes No

If Yes which school does the PARTICIPANT currently attend:

Public School Name: _____

Home School Name: _____

Charter School Name: _____

Private School Name: _____

Who does the PARTICIPANT live with: _____

The following person[s] **may** pick up the PARTICIPANT from SLCF:

Name: _____

Name: _____

Name: _____

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PART II - PARENT/GUARDIAN OR CAREGIVER INFORMATION

Mother/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Employer: _____

Business Address: _____ Business Phone: _____

Father/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Business Address: _____ Business Phone: _____

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PART III - PARTICIPANT ADDITIONAL INFORMATION

Please check the strengths and weaknesses that apply:

Personal Trait	Strength	Weakness	Personal Trait	Strength	Weakness
Problem Solving	<input type="radio"/>	<input type="radio"/>	Family/Home Issues	<input type="radio"/>	<input type="radio"/>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	Computers	<input type="radio"/>	<input type="radio"/>
Articulates Feelings/Needs	<input type="radio"/>	<input type="radio"/>	Makes/Maintains Friendships	<input type="radio"/>	<input type="radio"/>
Asks for Help	<input type="radio"/>	<input type="radio"/>	Negotiates/Compromises	<input type="radio"/>	<input type="radio"/>
Attentive in Class	<input type="radio"/>	<input type="radio"/>	Physical Health/Medical Condition	<input type="radio"/>	<input type="radio"/>
Attendance/Tardiness	<input type="radio"/>	<input type="radio"/>	Participates in Class	<input type="radio"/>	<input type="radio"/>
Cooperates with Others	<input type="radio"/>	<input type="radio"/>	Regular Attendance	<input type="radio"/>	<input type="radio"/>
Sense of Humor	<input type="radio"/>	<input type="radio"/>	Helpful to Others	<input type="radio"/>	<input type="radio"/>
Math	<input type="radio"/>	<input type="radio"/>	Vision/Hearing/Language Issues	<input type="radio"/>	<input type="radio"/>
Emotional/Behavioral Issues	<input type="radio"/>	<input type="radio"/>	Listens Well	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	Writing	<input type="radio"/>	<input type="radio"/>
Follows Instructions	<input type="radio"/>	<input type="radio"/>			

Other: _____

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MEDICAL RELEASE FORM

PARTICIPANT Name: _____ PARTICIPANT Date of Birth: _____

Emergency Contact Name #1: _____ Phone: _____

Emergency Contact Name #2: _____ Phone: _____

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____

HEALTH HISTORY - Please check all that apply:

- Allergic to medicine: _____
- Allergic to food: _____
- Allergic to stings/bites: _____
- Allergic to other: _____
- Special diet: _____

HEALTH HISTORY - Please check all that apply:

- Blindness/visual problems other than corrective lenses
- Bone or joint problems Chest pain Concussion or serious head injury Contact lenses/glasses
- Diabetes Shunts Easy bleeding Emotional/psychiatric/behavioral problems
- Non-verbal ---alternate form of communication: _____]
- Requires constant supervision Hearing loss/hearing aid Heart disease/heart defect/high blood pressure
- Heat stroke/exhaustion Major surgery or serious illness Immunizations up-to-date? Yes No
- Autism Seizure/Epilepsy/fainting spells Sickle cell trait or disease Asthma Uses tobacco
- Uses wheelchair
- Other: _____

Date of most recent tetanus immunization:

Is the PARTICIPANT taking any prescription medication? Yes No

If yes, please list all medications below:

Medication Name	Dosage	Times per day
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Signature of person completing this form and relationship to PARTICIPANT:

Signature/Printed Name/Relationship Date

“PARTICIPANT CODE OF CONDUCT”

All participants in the Scully Learning Center *Experiences* agree that learning is facilitated where a positive and nurturing environment is provided and maintained. In order to ensure that all participants are afforded an opportunity to learn and thrive, the participants agree to the following code:

- I will act in ways which bring respect to me, my Experience Leader(s), other PARTICIPANTs and the SLCF.
- I will not use bad language.
- I will not swear or insult other persons.
- I will not fight with other PARTICIPANTs or volunteers.
- I will listen to the volunteers and fellow PARTICIPANTs and ask questions when I do not understand.
- I will always try my best during the *Experience*.
- I will not make inappropriate or unwanted physical, verbal or sexual advances on others.
- I will not smoke in non-smoking area.
- I will not drink alcohol or use illegal drugs at SLCF *EXPERIENCES*.

I understand if I do not obey this Code of Conduct, I will be subject to a range of consequences up to and including not being allowed to participate.

PARTICIPANT Signature

Date

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CONSENT FORM

PARTICIPANT Name: _____

RELEASE TO BE COMPLETED BY PARENT/GUARDIAN OR ADULT PARTICIPANT [own guardian]

I, the Parent/Guardian or Adult PARTICIPANT, submits this Consent Form for participation in Scully Learning Center Foundation *Experiences* and related activities.

Section 1

I represent and warrant that, to the best of my knowledge and belief, the PARTICIPANT is physically and mentally able to participate in SLCF activities. I also represent that I have reviewed all other submitted information and believe that it is accurate.

Section 2

If during the PARTICIPANTs participation in SLCF *Experiences* the PARTICIPANT should need emergency medical treatment, and I [the parent/guardian or adult PARTICIPANT] am not able to give consent or make arrangements for that treatment, I authorize SLCF to take whatever measures necessary to protect the PARTICIPANTs health and well-being, including if necessary, hospitalization.

To be completed by Parent/Guardian:

I, the Parent/Guardian of this PARTICIPANT, hereby give my permission for this PARTICIPANT to participate in SLCF *Experiences* and related activities. By signing, I am saying that I agree to the provisions of this release.

Signature: _____

Print Name: _____

Date: _____

OR

To be completed by the Adult PARTICIPANT [own guardian]:

I, the Adult PARTICIPANT, have read this form and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provision of this release.

Signature: _____

Print Name: _____

Date: _____

Please submit completed Intake Questionnaire to: Scully Learning Center Foundation
PO Box 7920
Cave Creek, AZ 85327

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SURVEY AND PRIORITY FORM

PARTICIPANT Name: _____

Based on the PARTICIPANTs interests, strengths and concerns please prioritize the SLCF *Experiences* that would be most meaningful, creative and fun:

<u>Experiences</u>	<u>Priority</u>	<u>Experiences</u>	<u>Priority</u>
Organic Gardening*	<input type="radio"/>	Handicrafts	<input type="radio"/>
Painting*	<input type="radio"/>	Computers	<input type="radio"/>
Ceramics/Pottery*	<input type="radio"/>	Music	<input type="radio"/>
Yoga*	<input type="radio"/>	Swimming	<input type="radio"/>
Hiking*	<input type="radio"/>	Cooking	<input type="radio"/>
Acting*	<input type="radio"/>	Chess	<input type="radio"/>
Horseback Riding	<input type="radio"/>	Board/Card Games	<input type="radio"/>
Photography	<input type="radio"/>		

Other: _____

* Note: Only these *Experiences* are offered at this time. This survey will assist in establishing additional new “*Experiences*”