TEACHWELL SOLUTIONS | TRANSITIONS

STUDENT INFORMATION FORM: TEACHWELL THRIVE TEACHWELL PROJECT SEARCH TEACHWELL STRIVE

Welcome to Teachwell!

Completing this form provides Teachwell with basic contact information and includes questions related to student health and safety. The final section details how certain information you provide may be shared or used.

ABOUT THE STUDENT

STUDENT NAME **DATE OF BIRTH**

FIRST _____ LAST _____ MIDDLE _____ MM ____ DD ____ YY ____

GENDER

FEMALE ☐ MALE ☐

ETHNICITY _____

MOBILE PHONE _____

EMAIL ADDRESS _____

ADDRESS

STREET ADDRESS _____ CITY _____ STATE ____ ZIP ____

IS YOUR STUDENT THEIR OWN GUARDIAN? YES ☐ NO ☐

(If no, please provide documentation of guardianship for student's file)

STUDENT TRANSPORTATION - *Please note, students in Teachwell's three transition programs will use differing modes of transportation. Not all questions are applicable to all programs.*

	YES	NO
Is your student licensed and insured to drive independently?	☐	☐
With proper training, is your student allowed to ride public transportation independently?	☐	☐
With proper training, is your student allowed to use Lyft or Uber independently?	☐	☐

STUDENT HEALTH INFORMATION - *Teachwell respects the privacy of our students and complies with all laws regarding the protection of student health information. Answering the following questions helps us identify student needs that may be relevant to your student's education or time at school.*

Please list and describe any relevant medical or health issues, including information about allergies.

Does your student regularly see a physician or other health professional? YES ☐ NO ☐

Does your student currently take any prescription medication? YES ☐ NO ☐

Please help us make sure we can gather all your student's educational records. If your student has spent time at a facility other than your local public school, please share the name of the facility, the dates the out-of-school placement and why the student was referred to the program.

FAMILY INFORMATION AND APPROVED CONTACTS

PARENT OR GUARDIAN (1)

FIRST AND LAST NAME _____ RELATIONSHIP TO STUDENT _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

What is the best way to reach this person during the school day? TEXT MESSAGE ☐ PHONE CALL ☐ EMAIL ☐

If this parent or guardian does not live with the student, please provide a current home address.

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT OR GUARDIAN (2)

FIRST AND LAST NAME _____ RELATIONSHIP TO STUDENT _____ EMIAL ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

What is the best way to reach this person during the school day? TEXT MESSAGE ☐ PHONE CALL ☐ EMAIL ☐

If this parent or guardian does not live with the student, please provide a current home address.

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPROVED CONTACTS

Please list the name of three (3) people who can pick the student up for school or be contacted in case of an emergency. List people other than the student's parents or guardians.

FIRST AND LAST NAME _____ PHONE _____ RELATIONSHIP TO STUDENT _____

FIRST AND LAST NAME _____ PHONE _____ RELATIONSHIP TO STUDENT _____

FIRST AND LAST NAME _____ PHONE _____ RELATIONSHIP TO STUDENT _____

Please give us the names of anyone who can not have contact with your student and tell us whether there is a protection order in place.

PERMISSIONS AND AUTHORIZATIONS

DISCLOSURE OF DIRECTORY INFORMATION

Federal law and school policy allow the school district to release "Directory" information without parental consent. This information includes a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

If you **do** want to allow Teachwell to release this information initial here:

_____
INITIAL

STUDENT PHOTO RELEASE

Teachwell may use photographs of students in year books, other school-related publications or for marketing materials, which may include publication on websites or social media platforms.

If you **do** want to allow Teachwell to use your student's photo, initial here:

_____
INITIAL

PERMISSION TO CONTACT OUTSIDE AGENCIES

Teachwell may need to contact outside agencies and individuals to discuss your student's abilities and the supports necessary for successful employment and independent living.

If you **do** want to allow us to contact outside agencies, initial here:

_____
INITIAL

PERMISSION TO ALLOW STUDENTS TO TRAVEL OFF PREMESIS

Students participating in Teachwell Thrive, Project Search and Strive will leave Teachwell facilities during school hours to travel to work or participate in community activities.

If you **do** want your student to be able to leave school premises, initial here:

_____
INITIAL

SIGNATURE

By signing below, you are certifying that you have provided full and accurate information to Teachwell and that you have read the Teachwell equal opportunity and non-discrimination policy.

_____ _____
SIGNATURE DATE

NON-DISCRIMINATION POLICY

Teachwell does not discriminate on the basis of prohibited factors in employment and educational programs/activities. Teachwell affirmatively strives to provide equal opportunity for all as required by: Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964 as amended,Title IX of the Education Amendments of 1972, Age Discrimination in Employment Act of 1967 (ADEA) as amended , The Equal Pay Act of 1963, Section 504 of the Rehabilitation Act of 1973, The Family and Medical Leave Act of 1993 (FMLA) , The Pregnancy Discrimination Act of 1978 , The Uniformed Services Employment and Reemployment Rights Act (USERRA),The Boy Scouts of America Equal Access Act, The South Dakota Human Relations Act,The Equal Pay Act of South Dakota,Veterans Preference Law. Additional School Board policies prohibit harassment and/or discrimination against students, employees, or patrons on the basis of sex, race, color, ethnic or national origin, religion, marital status, disability, age, pregnancy, and any other legally prohibited basis. Retaliation for engaging in a protected activity is also prohibited.Any person who believes she or he has been discriminated against, denied a benefit, or excluded from participation in any district education program or activity may file a complaint using the district's complaint procedures. Inquiries regarding compliance with any of the laws referred to in this policy may be directed to the superintendent or to the district's Title IX and/or Section 504/ADA Coordinator.

SUPPLEMENTAL QUESTIONS FOR TEACHWELL STRIVE

The following questions are intended to be completed by prospective students for the Teachwell Strive program. Answers may be written or typed independently by the student or with the use of a scribe.

If the student prefers, questions may be answered in the form of a video emailed to: taylor.deckert@teachwell.org

1. What are your academic and/or career goals?

2. What are some of your strengths or things that you are good at?

3. How do you define success for yourself in college, and what supports do you think you will need to achieve it?