



East Akron YMCA Phoenix Program/Barrett Program
888 Jonathan Avenue
Akron, Ohio 44306
Phone: 330-784-0408 Fax: 330-784-8477

INTAKE PACKET

Personal

Student Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (Zip)

Birth Date: ____/____/____ Age: ____ Grade: ____ Sex: ____ Race: _____

I.E.P. DATE: _____ CREDITS TO DATE: _____

Contact Information

For the safety of your child, we will only release students to the people listed below. They must be 18 years or older & present a valid ID.

*Guardian Name: _____ Relationship: _____

Home #: _____ Work #: _____ Other #: _____

*Contact Name: _____ Relationship: _____

Home #: _____ Work #: _____ Other #: _____

*Contact Name: _____ Relationship: _____

Home #: _____ Work #: _____ Other #: _____

OFFICE USE ONLY

Behavior Issues:

___ Physical/verbal Assault ___ Truancy ___ Depression ___ Gang Activity
___ Possession Drugs/Paraphernalia ___ Weapons ___ Insubordination
___ Other

Transportation:

___ APS VAN ___ Phoenix Van ___ Walker ___ Metro Bus

Referral Source:

___ AOC ___ APS ___ ASE ___ Independent School District: _____

Background Information

Reason for Referral to Phoenix: _____

Court Involvement

Is student on Probation? YES or NO

Is student on Parole? YES or NO

If YES please list offenses: _____

P. O.'s Name: _____ Phone: _____

Does student need to complete restitution or community service hours? YES or NO.

Family Data

Total number of people in the household: _____

Number of Adults _____

Number of Siblings _____

Other _____

Please check all that apply.

My child has been exposed to the following significant family problems:

alcohol/drug abuse

prolonged parental unemployment

criminal involvement

sibling delinquency

serious health problems of parent or sibling

Please check all that apply.

During the last year my child has:

had services for a Behavior Disorder

had a truancy problem

had services for a Learning Disability

mostly A's & B's

had In School Suspension (_____ days)

mostly C's & D's

had Out of school Suspension (_____ days)

mostly F's

been Expelled from school

dropped out

been referred for Home Instruction

had a problem with aggression

Would you or a family member be willing to volunteer at the Phoenix Program or participate in our fundraising campaign if asked? YES or NO

Additional information you would like us to know: _____

Acceptance of Placement at Phoenix

I agree to the placement of my child at the Phoenix Program by the referring agency.

Guardian Signature _____ Date: _____

Release of Information

I request that the YMCA Phoenix Program release any information pertaining to my child's health, education, testing or counseling.

Guardian Signature _____ Date: _____

Materials/Electronic Equipment

Students are allowed to bring electronic equipment to Phoenix, but they have to be turned over to the Sheriff on duty who will put the item in a bag with the student's name on it and the student will receive it back at dismissal. All other necessary materials are provided. Staff will remove and discard inappropriate items, as described in the handbook, as they are a distraction to the academic environment. Any electronic equipment, including cell phones, hand held electronics and /or music items, will be dealt with as outlined in the Phoenix Program Student Handbook if they are not turned in to the Sheriff.

1st Offense – item confiscated and returned only to parent/guardian

2nd Offense – item kept at school until last day of school

The Phoenix Program will not be responsible for lost or stolen items. All unclaimed items will be donated at the end of school year.

Guardian Signature _____ Date: _____

Dress Code

Students are expected to dress appropriately for a school setting. Explicit material and/or revealing clothing will not be tolerated & will result in the student being removed from class until appropriate clothing can be provided. Staff will be responsible for making this determination.

Guardian Signature _____ Date: _____

Title VI Federal Funds Notice

Federal Law requires that you are notified in writing of the use of Federal Funds. Your child will be using materials purchased through Title VI Federal Funds while enrolled at the YMCA Phoenix Program.

Guardian Signature _____ Date: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Student Name: _____ D.O.B. _____

Is the student currently receiving medical treatment? YES or NO

If YES please explain: _____

Is the student currently taking any prescription medication? YES or NO

If YES please list: _____

Known Allergies: _____

Is student receiving counseling? YES / NO If YES Where? _____

*The following medications may be administered during the school day:

___ Aspirin: Dosage according to directions as needed.

___ Ibuprofen/Tylenol: Dosage according to directions as needed.

___ Other: Dose _____ @ _____ time(s).

___ Other: Dose _____ @ _____ time(s).

I give permission for this medication to be administered to my child while at school. I understand that the medication will be administered under the supervision of Phoenix Program staff.

Guardian Signature _____ Date: _____

EMERGENCY MEDICAL WAIVER

I understand that the YMCA does not carry health/accident insurance on its students. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant &/or their own insurance carrier.

On behalf of my child, I assume all risk as well as release & hold harmless the YMCA, its members, volunteers, employees & other participating agencies from any claims that might arise as a result of my child's presence & participation in this program.

In the event reasonable attempts have been made to contact me, I give consent for the administration of any treatment deemed necessary by the physician, & the transfer of the child to any hospital reasonably accessible.

Guardian Signature _____ Date: _____

Extracurricular Activities Form

Extracurricular activities, such as field trips, movies and community service, are an important part of our program. These activities are frequently followed by a group session to help students develop objective views and positive values.

Movies shown may range from rated G to R depending on the topic being discussed or entertainment value.

All field trips will be local and have educational value. We feel it is important to expose our students to learning environments outside the classroom as well as show them what Akron and the surrounding area have to offer.

Community Service is an important aspect of our program. As the community supports our program we feel it is necessary for our students to return this service when possible. Each homeroom chooses their group project. Students not only enjoy this project but also learn valuable lessons about caring and responsibility.

I give permission for my child to participate in these extracurricular activities.

Guardian Signature _____ Date: _____

Counselor Release

As part of the program we offer a school counselor as an additional resource for your child. Students have the opportunity to speak to the counselor one-on-one, in small groups or for mediation services. Students may request to see the counselor or be referred by staff or a guardian.

Guardian Signature _____ Date: _____

Normative Philosophy

Our program is run using a counseling based normative that incorporates a series of peer empowerment, "time-out's" and "re-evaluation's". In specific instances we may also utilize isolation, in school suspension, out of school suspension or expulsion. Our staff is trained in Non-violent Crisis Intervention and when necessary for the safety of the child or others, may result in a safe non-harmful restraint. All incidents are carefully documented and a detailed explanation of our procedures, including our exit criteria can be reviewed in our handbook.

Guardian Signature _____ Date: _____

**THE YMCA PHOENIX SCHOOL
INDIVIDUALIZED SERVICE PLAN**

Student Name	Homeroom Team	Enrollment Date	P.O. Name (if applicable)
Reason for referral:			
<p>Aggression Issues: Physical Assault ___ staff ___ student ___ Sexual harassment ___ Verbal Assault ___ staff ___ student ___ Possession of weapon ___ knife ___ gun ___ Fighting ___ Use of profanity and/or vulgar language ___ Threatening/Bullying behavior ___</p> <p>Insubordination/Persistent violations of rules: Legal Issues: Multiple infractions involving failure to follow rules ___ Gang involvement ___ Failure to accept discipline/consequences ___ Stealing ___ Gross insubordination ___ Possession of drugs ___</p> <p>Re-Entry DYS ___ CCF ___</p>			
Behavior Goal #1: (choose only one)			
___ To learn how to resolve conflict without verbal and physical violence. ___ To ignore others' negative behaviors to avoid conflicts or escalating situations. ___ To learn how to use language and volume that shows respect in all circumstances. ___ To learn how to walk away from potentially intense situations to avoid altercations. ___ To utilize anger management strategies when experiencing intense emotional situations.			
Behavior Goal #2: (choose only one)			
___ To follow staff directives without argument or becoming insubordinate. ___ To accept consequences for actions and choices without becoming argumentative. ___ To follow school and classroom rules and expectations without arguing. ___ To arrive to school on time and stay until dismissed. ___ To follow established school, classroom rules and expectations and state laws.			
Academic Goal: (choose only one)			
___ To increase all subject grades by at least one letter grade. ___ To earn at least a "C" or better in Language arts and Math courses. ___ To improve reading skills. ___ To improve math skills. ___ To earn credits towards graduation.			
Other information:			
Case Manager Signature		Parent Signature	
Date		Date	
Principal Signature		Student Signature	
Date		Date	