



Meet & Greet Date: _____
SLC Signature: _____

Student Information Form

Thank you for your interest in our program. The Successful Learning Center, Inc. “SLC” is a community based program which offers all students the opportunity to participate in a college experience. The SLC offers educational courses for all adults with varying abilities such as individuals with visual or hearing impairment, spinal cord injuries, Down syndrome, Autism, Traumatic Brain Injury, speech and language disabilities, disabled veterans and stroke survivors. The SLC does not just serve individuals with developmental disabilities but all students interested in continuing their education within the community. OPWDD eligibility not required.

Date: _____

Student Name: _____

Student Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ County: _____

Email: _____

Parent Name: _____

Parent Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Group Home/Residence Contact Name: _____

Group Home/Residence Phone Number: _____

Group Home/Residence Email: _____

30 Minute Emergency Response: In case of emergency or illness the SLC requires the contact information for an individual responsible to pick up a student on campus or in the community within 30 minutes of our call. If this contact is for a group home or residence, please provide a secondary number. Be advised that if the contact is unreachable we will contact the family directly for the 30-minute pickup.

Parent/guardian signature: _____

Date: _____

State of Being

The following is a request for information which will ensure that each individual student needs are met.

Known food and/or environmental allergies: _____

Issues with manual dexterity: _____

Is the student able to walk without assistance? _____

Is any physical adaptive equipment needed? (cane, walker, wheelchair) _____

Primary language spoken/understood: _____

If nonverbal does the student use gestures? _____

Is adaptive technology necessary for communication (if yes, describe device): _____

Are there any hearing or visual deficits which could be offset in the classroom? _____

Does the student have any type of seizure disorder? (If yes, describe type, usual length and frequency.) _____

Has the student exhibited any behavior issues? (Physical aggression/verbal outburst etc.) _____

Does the student have any fears or triggers which could initiate a negative reaction? _____

If yes, what approaches minimize or calm the student? _____

Parent/guardian signature: _____

Date: _____



Is there any information you would like to share which would help us relate to the student? _____

Is there anything else we should know about the student which could help or hinder their success in class, on campus or in the community? _____

HIPAA

Some of the information required above is information protected health information (“PHI”). The SLC is legally required to protect the privacy of your PHI, and the SLC will follow the privacy practices set forth in this notice. The SLC may disclose PHI without your consent in the following circumstances: (1) when disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement; (2) if we suspect that a student is a victim of abuse, neglect or domestic violence; (3) in emergency situations to medical and emergency personnel who provide health care or emergency services to the student while under PHI’s care or direction and an SLC class or event; (4) if the SLC is ordered to disclose your PHI by a court or administrative tribunal that is handling a lawsuit or other dispute; (5) to report a crime; (6) to avoid harm to you or to others; or law enforcement to comply with court orders or laws, to assist law.

Please be advised information regarding a student’s allergies, behaviors or medical needs will be shared with both instructors and Academic Mentors of the SLC by physical paper reports and/or electronic transmission. In all cases we will follow standard industry practice regarding the sharing of personal information.

Parent/guardian signature: _____

Date: _____



Student Education

Has the student attended high school? _____

Which high school did he/she attend? _____

Did he/she receive a Local, IEP, or CDOS diploma? _____

What other educational programs has the student attended or are currently attending?

Does the student participate in any extracurricular activities? _____

Do you see the student progressing into mainstream college classes? _____

Which college campus is closest to your residential location? _____

Personal Interests

We work collaboratively with our students, their families and respective agencies to design, develop and deliver educational experiences that foster learning and personal growth. What classes are you most interested in?

What other programs are you currently participating in?

Are there any other areas of study you would like to explore?

How did you hear about us? _____

Parent/guardian signature: _____

Date: _____



Academic Mentorship Program

The Academic Mentorship Program has been established to support and enhance our students' academic and collegiate experience. The Successful Learning Center models empathic, respectful, contemporary teaching theory and practice, "AMP" is in support of our mission for academic and social success. The role of the mentor is to encourage our students to participate and learn to the best of their ability while in class and in the community. Mentors may assist with note taking, encourage class interaction and help the student complete assignments. In addition, the mentor will act as a liaison between individuals in the community, in our program and students on campus to foster a strong social component.

Our mentors are carefully selected based on a variety of criteria with considerable time and attention devoted into pairing mentors and students. Mentors are traditionally college age students or recent college graduates who are interested in working with our students. Mentors may be used at the beginning of a semester to allow a student time to acclimate to a new college environment, socially in the community or they may be used throughout a semester as a consistent support system. During the course of a semester a mentor may have up to 3 students working together in class at one time. We strive to match a student's personality and temperament with a mentor who is kind, responsible and compassionate. We work collaboratively with our hosting colleges and a mentor may be part of the student body or may be working towards a degree in Education or Special Education.

Mentors are not aides or nurses and cannot act as a substitute for students who need medical personnel or replace an attended caregiver for daily living. Academic Mentors cannot administer any medical or physical assistance. They are not trained in first aid and cannot administer any medication. They cannot assist with bodily necessities nor any aspect of daily living. A mentor cannot advise or intervene in any medical capacity. If at any time a student is in medical distress the Academic Mentor is responsible for calling campus Security or 911 for assistance only.

The SLC reserves the right, at its discretion, to require that a student be accompanied at all times by an Academic Mentor paid for by the Student's family.

Parent/guardian signature: _____

Date: _____



Academic Mentorship Memorandum of Understanding (MOU) for Families

This Memorandum of Understanding “MOU” outlines the SLC policies and guidelines regarding Academic Mentors and SLC families; both are responsible for reflecting on this code with respect to their individual situations. Academic Mentors who fail to adhere to this understanding may face termination.

The SLC reserves the right to revoke a student’s enrollment in the program for any reason. The family (signature below) accepts SLC in its sole discretion, may refuse Student's participation in the Academic Mentorship Program and/or cancel Student's enrollment in the SLC program.

- It is company policy that all interaction between Academic Mentors, SLC students and SLC families are coordinated solely by directors of the SLC. *Families are not permitted to contact Mentors directly for any reason.*
- Mentors may not contact or interact with SLC families or students unless they are scheduled, through the SLC, to work. If a Mentor is invited to associate with a student outside of their scheduled time permission must be granted by a director. The request must be made 7 days prior to the event.
- Mentors will be given the time/date/location of their assignments. Any adjustment to the schedule must be made by a Director of the SLC only. If a Mentor is unable to fulfill their duties on a given day/time, they will immediately notify the SLC and the SLC will notify the family.
- Academic Mentors are expected to be ethical and honest with the SLC in relation to solicitation of clients. Mentors may not solicit employment from clients and clients may not seek to hire Mentors directly. Violation of this provision may will result in the immediate termination of the Mentor, and the SLC reserves the right to revoke the student’s enrollment in the program.
- All information and business practices for the SLC are considered confidential and cannot be shared or discussed with anyone other than an officer of the SLC.
- Mentors are not permitted to allow students any access to their personal social media accounts. Students may “friend” the SLC on the SLC’s Facebook account.
- Mentors should arrive at least 5 minutes prior to the scheduled start time. Promptness is imperative and an integral part of SLC employment; lateness or excessive absence is cause for termination.
- SLC employees are not permitted to accept gifts, cash or items over the value of \$50.00.

I understand and agree to the terms of the Academic Mentorship MOU.

Parent/guardian signature: _____

Date: _____

Academic Mentorship Memorandum of Understanding for Families Continued...

- Mentors are not trained in first aid and cannot administer any medication. They cannot assist with bodily necessities, advise in any medical capacity or assist with any aspect of daily living. If at any time a student is in distress, medical or otherwise, the Academic Mentor will call campus Security and/or 911.
- Mentors cannot advance money for community activities planned with students. If a planned activity has an additional cost i.e. movie, bowling etc. the family is responsible for providing enough money to include the Mentor. The Mentor will submit a receipt for all expenditures to the family.
- Mentors are not permitted to transport or associate with students in their personal vehicles. Failure to comply with this directive is cause for immediate termination of the employee in addition to the cancellation of the students' enrollment with the SLC.
- Mentors are employees of the SLC with meticulous schedules. Excessive cancellation or frequent changes to the times or dates of scheduled Mentors is grounds for termination of the student's participation in the program. Please review the following attendance and lateness policy:
 - On the day of, if the student is knowingly going to be late for class call Sheri Cappello immediately and let her know the estimated time of arrival. (She cannot answer a text while driving so please call her directly).
 - We require a minimum of 2 hours' notice if the student is unexpectedly ill on the day of class and cannot not attend at all. (If possible, please let us know the evening before but we recognize this may not be possible in all instances.)
 - We require a minimum of 1 days' notice if the student has a scheduled appointment and will either be late to class or miss the class/day entirely.
 - One week's notice if a student is going to be out for vacation or any extended length of time.

I understand and agree to the terms of the Academic Mentorship MOU.

Parent/guardian signature: _____

Date: _____



Tuition, Mentorship and Independent Student Rates

- Independent Student Enrollment. A one-time only fee of \$300.00 which encompasses an initial consultation, classroom observation and processing into the program for students who are not accompanied by a Day Hab program.
- The 2017/2018 tuition rate is \$225.00- \$320.00 per class, per semester. Rates vary depending on location and class time.
- Tuition is due in full at the time of registration. The SLC does not allow partial payments. An initial \$25 late fee will be applied to any invoice received after the “Due Date” indicated on your invoice. Outstanding student accounts are subject to late fees that can accrue up to 15% of the total invoice.
- Individuals with an outstanding balance on their student account will not be allowed to register for classes.
- The SLC offers Academic Mentorship as a peer to peer support designed to help our students acclimate to their new environment. The program supports academic and social growth in class, on campus and in the community. **The rate is \$25. - \$27. per hour plus an additional 30 minute pick up/drop off fee for each day attending and 30 minutes for lunch.**
- Individuals utilizing Extended Mentorship only will be given a monthly invoice which must be paid within 30 days of receipt. The first month of Extended Mentorship is due prior to starting the session.
- Enrollment in the Academic Mentorship Program is determined for every new student attending the program for 1 full semester. This includes the 30 minute charge for each day attended for “Pick up and Drop off”. After the 1st semester the student will be evaluated to determine if he/she can attend unaccompanied on campus. ** The SLC reserves to the right to require a student be accompanied by an Academic Mentor at all times on campus at the family’s expense.*
- After the 1st semester Academic Mentorship is an option available to all SLC students on and off campus which can be structured to meet each student’s needs. **\$25.00 per hour, with a 4 hour minimum for off campus support.**
- Tuition is due in full at the time of registration.
- Bank returned checks will incur a \$40.00 remittance charge.
- Students who have elected to be Self Directed or have Community Habilitation through OPWDD may have all or partial financial support for the SLC. Please call Annette Earl at (845) 662-1322 for additional information.

Parent/guardian signature: _____

Date: _____

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Self Direction

Individuals who seek financial assistance for participation with the Successful Learning Center, “SLC” can include us in their Self Directed Plan. OPWDD defines Self Direction as “the flexibility to choose the mix of supports and services that are right for you so you can **live the life you want**. With self-direction, YOU choose your services, the staff and organizations that provide them, and a schedule that works best for YOU.”

If you are in the process of Self-Direction, please make sure you send a copy of your “Launch” letter to the SLC office immediately. An approved Self Directed plan will cover all SLC classes under the category “Community Class”. Please be advised Fiscal Intermediaries establish their own rules regarding how they make payments on behalf of our students. Most FI’s pay us directly when we submit our invoice at the beginning of the semester. Some FI’s refuse this payment method which consequently forces the families to pay the SLC for the entire semester up front and then receive reimbursement from their FI later. Please check with your FI for their payment and reimbursement policy. In the event a student withdraws or is withdrawn from the program the SLC will determine a refund based on the number of classes attended; a 10% Administrative Fee will apply.

Participation with the SLC has 2 components, classes and Academic Mentorship.

Part 1 (class cost) is the documented Self Directed plan with an established “Effective Date” from OPWDD.

Part 2 (mentorship) is the subsequent setup and approval of a Comm Hab plan through ARC. Part 2 is a separate procedure which cannot commence until after the Self Directed Plan has been approved/documented and launched. Part 2 includes specific approval from ARC for us to bill and a completed Goal Sheet for the individual. Once we receive this ARC billing approval and Goal Sheet we can begin billing ARC.

Because the SLC is not involved in the execution of the SD plan or the subsequent enrollment through ARC we must be paid in full until ARC clears us to bill it directly. The SLC will not accept partial payments from any family planning on attending while they are in the process of developing their SD budget and subsequently the ARC option until ARC has everything it needs and lets us know we are clear to bill it directly.

The objective of this policy is to have 2 clear options for attending. A family may pay the invoice in full prior to starting classes or wait until both parts of the process are complete before you begin.

*I understand classes and mentorship are 2 separate processes which **cannot** be done concurrently. Until both processes are completed families may be financially responsible for classes and/or mentorship.*

Parent/guardian signature: _____

Date: _____



Consent for Release of Information for SD Students

In order to facilitate the use of Self-Directed funds towards tuition for classes and mentorship provided by the Successful Learning Center, the Successful Learning Center requires the consent of the student, legal guardian or agency to allow for the exchange of certain personal information and documentation required for the student to utilize the student's budget and access service. By signing below, you authorize the exchange of personal information and documentation between the Successful Learning Center and the student's responsible agencies who provide Fiscal Intermediary, Brokerage, and Care Coordination Services.

I, _____, (print name) authorize the disclosure of personal information and documentation, including but not limited to self-directed budgets, service authorizations, medical information, Individualized Service Plans (ISPs)/Life Plans, as well as any information related to the use of services provided through the Successful Learning Center for the purposes of billing, service coordination, safety planning, implementation, and maintenance between the Successful Learning Center and the following:

Student Name _____ (Please print)

Consent for release of information will expire one year from date: _____

Parent/guardian signature: _____

Date: _____

Self Directed Plan Contact Information

If you are in the process of or have a launched Self Directed plan please provide the following information.

Student Name	
Parent/Guardian Name	
Phone	
Email	
Care Coordinator Name	
Organization	
Phone number	
Email	
Start up Broker Name	
Organization	
Phone number	
Email	
Support Broker Name	
Organization	
Phone number	
Email	
FI Name	
Organization	
Phone number	
Email	

Parent/guardian signature: _____

Date: _____



Class Guidelines

By registering/enrolling _____ (“Student”) in classes or Mentorship with the Successful Learning Center, Inc. (“SLC”), at any location (“Premises”), you agree to the following “Guidelines”:

1. Student shall either travel to and from class by himself or herself, or a family member, guardian or aide shall transport Student to and from class. For any Student being transported from outside the county where the class is held, the family member, guardian or aide transporting Student must remain on campus during class for the first two weeks that Student attends classes. SLC shall have no responsibility to transport Student.
2. Student must be in control of his or her body and bodily functions at all times and must be capable of being unattended during Class and while on the Premises. The SLC cannot assist with any aspect of daily living. If Student requires assistance beyond the scope of these Guidelines the SLC reserves the right to immediately withdraw the student from the program.
3. Student comprehends appropriate social behavior for an academic collegiate setting and can interact properly with other students, faculty and staff. Students engaging in disruptive behavior shall be subject to immediate termination from the program.
4. Any Student who engages in improper physical behavior, including but not limited to hitting, tripping, kicking, grabbing, punching, biting, slapping, spitting or other unauthorized or unwanted touching of any other person, shall be subject to immediate termination from the program.
5. On behalf of Student and yourself, you waive any claim against the SLC for loss or expense arising out of the property loss, damage, injury or death of Student to the fullest extent of the law, unless the foregoing was caused by an intentional act of the SLC.
6. SLC accepts no responsibility for Student outside of scheduled Classes and in accordance with these Guidelines.
7. SLC reserves the right, in its sole discretion, to require that Student be accompanied at all times, on campus by an Academic Mentor provided by the SLC and paid for by the Student's family. If the SLC determines that such accompaniment is required, and you fail to comply, SLC reserves the right to refuse Student's admission to the Class and/or cancel Student's enrollment in the program in its entirety.
8. Student's first month of Class shall be on a probationary status. At the end of one month, SLC may, at its discretion, revoke Student's enrollment in Class. In this event the SLC will provide a prorated refund for the paid invoice, minus a 10% administration fee.
9. SLC reserves the right, at its discretion to refuse or revoke Student's participation in the program at any time for any reason.

You acknowledge and agree that in the event of a breach of any of your obligations under these Guidelines, SLC shall have the right, in its sole discretion, to cancel Student's enrollment in Class, and/or to suspend Student's participation in and attendance at Class until you and Student comply with these Guidelines. You and Student hereby release SLC and its officers, directors, employees, contractors, shareholders and agents from any claims, damages, injuries, or actions of any nature that may arise out of the breach of these Guidelines by you or Student, and you agree to indemnify, defend and hold harmless the SLC parties for any such claims.

If Student is a minor and less than the legal age of consent or is otherwise unable to legally consent to these Guidelines, you warrant that the undersigned parent or guardian has legal custody of Student and the capacity to execute these Guidelines on Student's behalf.

Parent/guardian signature: _____

Date: _____

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New Student Application Fee Form

Process fees for enrolling students for classes with SLC is \$300. This is a one-time charge which encompasses initial consultation, classroom observation and student processing into the program. Please be advised that this application fee may not be covered under your student's budget and you may not be reimbursed for this fee.

Please send checks to:
Successful Learning Center, Inc.
PO Box 2116
Monroe, NY 10950

Office use only:

Check Number: _____

Check Date: _____

I understand and agree to the Application Fees.

Parent/guardian signature: _____

Date: _____

Goals

For office use only.

During your Meet & Greet with Sheri Cappello a list of goals will be established. These goals will be discussed with the assigned Mentor, so a plan can be determined. If you choose to Self Direct these goals will be shared with ARC and listed on the Goal sheet it provides in order for us to bill.

1. Staff will encourage Student to actively and respectfully listen to their teachers and fellow classmates.
2. Staff will encourage Student to make healthy choices during meals.
3. Staff will encourage Student to increase communication with peers by initiating plans.
4. Staff will encourage Student to Increase Self Confidence.
5. Staff will encourage Student to stay focused and organized with the tasks at hand.
6. Staff will encourage Student with independence when appropriate.
7. Staff will encourage Student to advocate for him/herself.
8. Staff will encourage Student to make eye contact when speaking.
9. Staff will encourage Student to be less repetitive and try to stay on topic in group discussions.
10. Staff will encourage Student to participate in group discussions and speak up for him/herself.
11. Staff will encourage Student to prepare for each class by completing homework and staying organized.
12. Staff will encourage Student to speak up for him/herself during group discussions and share their opinion.
13. Staff will encourage Student to focus on time management skills.
14. Staff will encourage Student to make arrangements for ParaTransit and making sure to get on and off at the correct stops.
15. Staff will encourage Student to focus on math skills and money management by being aware of items they purchase, comparing prices and knowing how much money they have left.
16. Staff will encourage Student to practice their reading skills.
17. Staff will encourage Student to practice writing and notetaking skills.

Continued next page

Parent/guardian signature: _____

Date: _____



- 18. Staff will encourage Student to become aware of emotions/actions/reactions to when something in their day doesn't go as planned. Examples: A singer/song they don't like comes on, vending machine off, not enough money to get a snack, new classmates, etc.
- 19. Staff will encourage Student to be aware of personal space with themselves and others
- 20. Staff will encourage Student to be aware of surroundings.

Additional notes or goals

Student signature _____

Office Use Only

Student will be processed through ARC.

Goals sent to ARC for Comm Hab sheet development	Date
<i>Goals sent to ARC Westchester</i>	
<i>Goals sent to ARC Rockland</i>	

Parent/guardian signature: _____

Date: _____