



<b>Office Only</b>
Meet & Greet Date: _____
Projected Start Date: _____
SLC Signature: _____
Mentor Required: _____

### **Meet & Greet - New Student Information Form**

Thank you for your interest in our program. The Successful Learning Center, Inc. "SLC" is a community-based program offering 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.

***This form can be filled out and signed by the family or guardian only.***

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_  
Email: \_\_\_\_\_

(If residing in certified setting)

Residence Name & Responsible Agency: \_\_\_\_\_  
Contact information for Residential Manager:  
Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alt: Phone: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

### **30 Minute Emergency Response**

In case of emergency or illness, the SLC requires the contact information for a designated 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. Contact Name/Phone # \_\_\_\_\_ (number must be able to receive text messages)

If the contact is unreachable, we will contact the family directly. for the 30-minute pickup.

### Student

Is the student currently attending HS? Where? \_\_\_\_\_

Did he/she receive a HS or college diploma? \_\_\_\_\_

What is the optimal time frame to begin attending? \_\_\_\_\_

Has the student participated or completed other educational programs? \_\_\_\_\_

\_\_\_\_\_

Is the student involved in any extracurricular activities? \_\_\_\_\_

\_\_\_\_\_

Which SLC location are you considering? Could they attend multiple locations? \_\_\_\_\_

What classes/topics are you most interested in? \_\_\_\_\_

\_\_\_\_\_

If you are considering other programs, what aspects are most important to you? \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why are you considering the SLC? \_\_\_\_\_

### Student Online

Has the student participated in other online programs due to the Coronavirus crisis? Where? \_\_\_\_\_

\_\_\_\_\_

Did the student successfully complete the online class/activity? \_\_\_\_\_

What were the pro/cons specific to this student which made the experience meaningful or unsuccessful?

\_\_\_\_\_

\_\_\_\_\_

Is the student currently participating in any online programs? If so, during which time/s of the day?

Morning/Afternoon/Evening/Weekends? \_\_\_\_\_

What features or conditions would make the student successful in an online environment? \_\_\_\_\_

\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



## State of Being

The Successful Learning Center, Inc. strives to support each student's unique abilities, enrich their talents, and encourage their growth as an individual. Please complete the questionnaire in its entirety. Your responses will allow the SLC to ensure each individual students' needs are met.

Some information required below is 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 may be shared with both instructors and 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.

Can the student write independently? Yes/No: \_\_\_\_\_

\_\_\_\_\_

Does the student need support with manual dexterity? Yes/ No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Can the student walk without assistance? Yes/No: \_\_\_\_\_

Does the student use any physical adaptive equipment (cane, walker, wheelchair)? Yes/No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the student have any hearing deficits which could be offset in the classroom? Yes/No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is the student vaccinated for Covid 19? Yes No Non disclosed (If yes, please email a copy of the card to info@successfulllearningcenter.com)

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



Does the student have any visual deficits which could be offset in the classroom? Yes/No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does the student have any type of seizure disorder? Yes/No: \_\_\_\_\_

If yes, describe type, usual length and frequency. Please detail what kind of support is required if a seizure occurs: \_\_\_\_\_

Does the student have any known food and/or environmental allergies? Yes/No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What is the primary language spoken/understood by the student? \_\_\_\_\_

Is the student verbal? Yes/No: \_\_\_\_\_

If nonverbal, what if any, gestures does the student use to communicate? \_\_\_\_\_

Does the student use gesture to communicate? Yes/No: \_\_\_\_\_

Is adaptive technology necessary for communication? Yes/No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does the student easily engage with others? Yes/No: \_\_\_\_\_

What methods have been used to increase engagement? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Will the student share how they are feeling independently? Yes/No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

How does the student process stress or anxiety? \_\_\_\_\_

Describe: \_\_\_\_\_

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

\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



Is there anything else we should know about the student which would help or hinder their success in class, on campus, online or in the community? \_\_\_\_\_

\_\_\_\_\_

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

Date of last known incident: \_\_\_\_\_

Does the student exhibit any specific behaviors leading up to a behavioral episode? \_\_\_\_\_

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

What is the typical severity of behaviors and how long might they last? \_\_\_\_\_

What approaches work to minimize or calm the student? What approaches have not worked or made the situation worse? \_\_\_\_\_

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

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Student Support and Mentorship

The Successful Learning Center models empathic, respectful, contemporary teaching theory and practice. To promote our mission of academic and social success, the SLC has developed the Academic Mentorship Program. “AMP” enhances our students’ academic and collegiate experience by providing peer to peer mentors who encourage students to participate and learn to the best of their ability while in class and in the community.

The responsibility of all mentors is to safeguard the health, safety and wellbeing of all our students. Mentors may assist with note taking, encourage class interaction and help the student complete assignments. Mentors act as a liaison between individuals in the community, in our program and with the wider student body to foster a strong social component. All students on campus are overseen by mentors, however, to be successful in our program some students may require more individualized dedicated one to one support.

The requirement for additional support is based on three factors: **behavioral, emotional and physical need** of the student. If it is determined a student has a behavioral, emotional and/or physical need, the SLC reserves the right, at its discretion, to require the student be supported at all times by a one to one mentor as a consistent academic and social support system.

In this case:

1. families can send their Agency supported Community Habilitation worker or other self-hired staff to class with the student as a “Visiting Mentor.” or
2. the SLC can assign a dedicated mentor paid for by either the student’s family or with Community Habilitation dollars accessible through our ARC collaboration.

SLC Academic Mentors, (staff) are employed by the Successful Learning Center unlike Community Habilitation workers or family self-hired staff, who are considered “Visiting Mentors.” SLC Mentors (staff) 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. SLC staff 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.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



Visiting mentors (Community Habilitation workers, family or agency self-hired staff) will be subject to the same standards and responsibilities as SLC Academic mentors. It is imperative all mentors adhere to these SLC requirements. Any visiting staff member who fails to adhere to these guidelines will be asked to wait out of class in our designated waiting area until the end of class.

All visiting self-hired staff, Com-Hab workers, nurses, aides, etc. must provide the SLC with a certificate of insurance showing general liability and workers compensation naming SLC as certificate holder and additional insured. These documents must be on file 2 weeks prior to attendance in class. In cases of mandatory one to one staffing, should an Agency or Family Self-Hired staff person be unable to attend class then a SLC Academic Mentor can be provided at the SLC rate.

The student/family/or responsible guardian (signature below) accepts SLC, in its sole discretion, to determine when a student requires one to one mentorship and whether to allow a Visiting Mentor to attend class with a student. SLC may refuse Student's participation in class and/or cancel Student's enrollment in the SLC program if the required mentorship is not appropriately support by Visiting Staff.

The SLC reserves the right to revoke a student's enrollment in the program for any reason.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



## The Path to Success

Thank you for your interest in our program. **Once you have determined we are the right fit**, then your next steps are as follows:

1. First, go on line to our website at [www.access2college](http://www.access2college) and under the **Forms** tab click ***"I Choose Success"***. Fill out the form and hit the SUBMIT button.
2. Second, you will immediately be directed to our Pay Pal service so you can submit the \$50 processing fee. This is a onetime only charge which encompasses initial consultation, classroom observation and student processing into the program. Please note this fee is not covered in a Self-Directed Plan.
- 3. Congratulations, receipt of this form starts the process.**
4. Within 7 days you will receive a call by Annette Earl our Director, Student & Family Services. Annette is your contact for funding or Self Direction. She will discuss your individual needs, calculate a yearly estimate and review your payment options.
5. Over the following weeks we will be working to ensure the information received is accurate and we will be corresponding with you regarding any additional documents needed.

Welcome to the Successful Learning Center, we are looking forward to an exciting and fun semester!

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_