

**P.O.W.E.R. – U.P. Parent/Student Contract**

After conferencing with Mrs. Kelty, I have a clear understanding of the objectives and philosophy of the P.O.W.E.R. – U.P. program. I understand that this is an intense intervention with a strong therapeutic component. I understand that in order for P.O.W.E.R. – U.P. to provide a safe positive learning environment where progress on social and academic goals will occur for all of the children. I must be an involved partner in this program. I know without my support my child will not make the necessary gains. As an involved partner I agree to:

* Be available by phone while my child is in school.
* Be available to pick my child up from the program if he/she is a danger to self or others
* Communicate daily through the child’s daily folder.
* Participate in weekly meetings, counseling sessions with counselor, and monthly parent meeting.
* Follow through & support the suggestions and interventions suggested by P.O.W.E.R. - U.P.

Failure on the part of the parent to meet the obligations listed above will result in immediate removal of the child from this program. A child not participating in activities, counseling, or other requirements of the P.O.W.E.R. - U.P. program may also lead to dismissal from the P.O.W.E.R. – U.P. program.

I understand that P.O.W.E.R. – U.P. is an optional program. Knowing this is an optional program, I am requesting that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_be considered for acceptance into this program. I understand that the program is designed as a 9-week intense intervention. I know that my child will return to his/her home school following the intervention. If my child is judged ready and fit, he/she may return to their home school before the full 9-week intervention is complete.

By signing below, I am acknowledging that I clearly understand the stated goals and objectives of this program. I understand my parental responsibilities and commitment to this program. I acknowledge that to the best of his/her ability, my child understands his/her responsibilities to the program.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O.W.E.R. – U.P. Lead Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent Initial*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In the event of an emergency situation, I give my permission to a P.O.W.E.R. – U.P. staff member to transport my child to any emergency medical facility for treatment of injuries due to an accident while attending P.O.W.E.R. - U. P. I give my consent for medical treatment in the event I am unable to be contacted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I agree to take my student back to his/her home-school if needed for any academic assessments necessary for their grade (Ex. Reading test)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that in the event of a situation where my student is endangering himself or another student, Crisis Prevention restraints may need to be utilized.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I give my consent to the P.O.W.E.R. – U. P. program to administer a behavior rating scale on my student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I give my child permission to participate in any and all media activities. Including recording/taping of my child for the use of show parent/guardian during counseling sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that my child is required to complete all homework assignments that are assigned.