

The mission of *Young Minds Excelling* is to teach young men to be professional, respectful and independent and exhibit proper manners and etiquette. The information, techniques and skills taught are instrumental in developing young people into productive adult citizens.

The program recognizes that each child is unique and requires specific instruction to enable them to reach their full potential. However, this program is an accelerated 6 week course designed to expose your child to as much information as possible.

Activities will occur every Saturday for 6 weeks from 9am to 1pm.

In order to participate in the program, the parent/legal guardian will be required to complete a survey, attend a orientation session, and sign a written agreement/consent form. Consistency and structure are essential to any child's success and so the child, parents and the program are all accountable.

It is the program's belief that given the right guidance and skills every child can become an adult with "accomplishments!"

Parent Questionnaire

In order to better assist your child, we would like you to complete a brief questionnaire about your child's current/past behaviors, your child's needs and your (the parent/legal guardian's) expectations for your child and of the program.

Circle or fill in the appropriate answer and **do not** leave any question unanswered.

Child's	Name:	D	OB:	/	
Child's	s Age:	Current grade in sch	nool:	<u> </u>	
Name	of Parent/Legal	Guardian completing ques	tionnaire: _		
Relation	ons to the child:	Mother (Birth/Step/Adoption Father (Birth/Step/Adoption Grandparent Other	,	1 2 3 4	
1.	My child is a VI My child is an A My child is lear	Please select the option that best describes your child's learning style: My child is a VISUAL learner (i.e., learns by seeing pictures)			
2.	Quite/Shy/Talks Only talks when Only talks when Somewhat talks Very talkative	the option that best describe is in a low tone In asked questions with limi In asked questions with elal	ited answer		
3.	Yes No	d need help with the Profes	1 2 (skip t	o question #4)	
3a.	What area(s) or Resume preparation interviewing tea Attire	of Professional component of Professional component of the profess	of YME doe 1		
3b.	What area(s) or College Bound Trade schools. Military options Otheri. Please specifications		uld you like 1 2 3 4	YME to present to your child?	

4. 4a.	No
5.	Does your child need help with the Independency component of YME? Yes
5a.	Don't know8 (skip to question #6) What area(s) of the Independency component of Independence does your child need help? Transitioning to a new school
6.	Does your child need help with the Mannerism component of YME? Yes
6a.	What area(s) of Mannerism component of YME does your child need help? Communicating with others
7.	Does your child need help with the Etiquette component of YME? Yes
7a.	What area(s) of Etiquette component of YME does your child need help? Dining etiquette
8.	Overall, my child needs help in the following components of YME: Professionalism

Child's History

In order to tailor the program to meet the needs of your child, it is important that obtain some personal information about your child. The information you provide will be kept confidential and will assist us as we develop a plan specific to your child.

9.	Has your child been diagnosed with any of the following diagnoses? Please circle "yes", "no" or "don't know" to each category.					
		Yes	No	Don't Know		
	Emotional problems	1	2	-8		
	Behavioral problems	1	2	-8		
	Psychosocial problems	1	2	-8		
10.	Has your child been diagnosed with	n anv of t	he followin	a health condit	ions?	
	Please circle "yes", "no" or "don't kr	now" to e	ach catego	ry.		
		Yes	No	Don't Know		
	Asthma	1	2	-8		
	Diabetes	1	2	-8		
	High blood pressure	1	2	-8		
	Otheri. Please specify:	1	2	-8		
11.	In school, does your child have an	educatio	nal plan (i.	e IEP or 504 i	plan)?	
	Yes		1	0., 0. 00 .	ρ.α, .	
	No		2 (skin to	question #12))	
	Don't know		•	question #12	•	
11a.	How often do you attend the IEP o				-)	
ııa.			•	•		
	None of the meetings		0 1			
	At least 1 meeting/year		-			
	At least 2 meetings/year		2			
	All meetings		3			
12.	Does your child exhibit any aggress				0	
	Yes, Aggression towards peers				1	
					2	
	Yes, Aggression towards adults/pe					
	Yes, Aggression towards both peers		•	•	3	
	Don't know	•••••	•••••		-8	
13.	To your knowledge, is your child se	xual acti	ve?			
	Yes		1			
	No		2			
	Don't know		-8			
14.	Does your child have any siblings?					
	Yes		1			
	No		2 (skip to	question #15)	
	Don't know		-8 (skip to	question #15	5)	
14a.	How many siblings does your child	have?	•	-	-	
14b.	What is your child's birth order?	_				
	First/Oldest child		1			
	Middle child		2			
	Youngest child		-8			
	i daligest dillia		J			

15. 15a.	Are both parents "actively" involved in the child's life? Yes
In orde	Legal Guardian's Expectation of YME r to ensure that we meet the needs of the parent/legal guardian, we would like to obtain information on your expectations for your child and of YME. Please the following questions y.
16.	How soon do you expect to observe a change in your child? Immediately, within a week of starting the program 1 Within 30 days (one month)
17.	What type of change do you expect to see in your child? Circle each to each response that applies. I expect my child to be job ready
18.	How long do you expect your child to participate in YME? One week
19.	How would you prefer to receive information about the program's activities? I don't have a preference

\mathcal{YME} Agreement and Consent Form

In order to ensure that you child is successful in the YME program, parental involvement is essential. Therefore, it is important that as the parent/legal guardian of the child you agree to the following:

- I will ensure that my child is on-time to all activities.
- I will ensure that that my child attends all YME-related activities.
- I will ensure that that my child has the appropriate material for each activity.
- I will ensure that I complete parental assignments on-time.
- I agree to adhere to the philosophy of the program.
- I agree to make myself available to attend any meetings that concern my child.
- I agree to always help my child in the best way I know how and will do anything needed to ensure my child's success.

By signing, you acknowledge that you have read the information above, agree to each item and provide consent for your child to participant in all activities.

Signature of Parent/Legal Guardian	Date
Printed Name	
Witness	
Parent's contact information:	
Cell Number:	Home Number:
Email address:	
Mailing address:	



Video & Photo Consent Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- · educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

Full Name

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

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Street Address/P.O. Box		-			
City		-			
Prov/Postal Code/Zip Code		_			
Phone F	ax	_			
Email Address					
Signature	Date				
If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.					
Parent's Signature	Date				