

PRODIGY CHECKLIST

PRIORITY		NOTES/ DATES
Application	<input type="checkbox"/>	
Consent Form	<input type="checkbox"/>	
Teacher Progress Report	<input type="checkbox"/>	*This form is to be given to 2 public school teachers (for middle and high school) and 1 public school teacher for elementary. Please turn in within two weeks of enrollment.
Most Recent School Issued Progress Reports	<input type="checkbox"/>	Please bring with application.
Most Recent Report Card	<input type="checkbox"/>	Please bring with application.

Welcome To Prodigy!!

The above checklist is for your convenience. Please bring the required forms with you on the first day of class.

Prodigy is a cultural art program funded by the Department of Education. It is offered at no cost to students at various locations throughout Pasco County (see schedule attached).

Please keep in mind that since our program is funded by the Department of Education (DOE), a student survey will be done on each student as they enter the program with regard to their academic, behavioral, and social development. Also, the program is aimed at **retaining students**, so we ask for commitment from students and families who sign up.

If you haven't already spoken with a Prodigy staff member about enrollment, we ask that you please give us a call so that we can provide you with further information as to the program guidelines and requirements

Saint Leo Prodigy Cultural Arts Program/ Saint Leo University Office: (352) 588-7425



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Initials from Site Manager are required to complete program enrollment.

PRODIGY APPLICATION

ALL PAGES OF THIS FORM MUST BE COMPLETELY FILLED IN AND SIGNED BY A PARENT OR LEGAL GUARDIAN PRIOR TO A STUDENT'S PARTICIPATION IN PRODIGY.			APPLICATION DATE: PLEASE PROVIDE ONE OF THE FOLLOWING:		
Programming Location: _____		SCHOOL STUDENT ID# _____		SOCIAL SECURITY# (last 4-digits): _____	
SECTION I: STUDENT INFORMATION					
Demographic Information: <i>The race and ethnicity selections below are selected based on the information our funder requires. Please SELECT ONLY ONE for Race, and ONE for Ethnicity.</i>					
Race (MARK ONLY ONE): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-racial					
Ethnicity (MARK ONLY ONE): <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jamaican <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Multi-ethnic					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male					
Participant Information:					
Last Name:		First Name:		Middle Name:	
DOB:	Age: (6-19 only)	Primary Language Spoken:			
Address:			Apt/Unit #	City:	
Address 2:			State:	Zip Code:	
County (mark one): <input type="checkbox"/> Hillsborough <input type="checkbox"/> Pasco <input type="checkbox"/> Pinellas <input type="checkbox"/> Polk <input type="checkbox"/> Manatee <input type="checkbox"/> Sarasota <input type="checkbox"/> Orange <input type="checkbox"/> Osceola <input type="checkbox"/> Hardee <input type="checkbox"/> Highlands					
Student Parental Status: <input type="checkbox"/> None <input type="checkbox"/> Student is pregnant <input type="checkbox"/> Student is a mother <input type="checkbox"/> Student is a father					
Family Status: <input type="checkbox"/> Lives with two parents <input type="checkbox"/> Lives with single mother <input type="checkbox"/> Lives with single father <input type="checkbox"/> Lives with relative(s) <input type="checkbox"/> Lives with non-relative(s) <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (Please describe) _____					
Student was referred by: <input type="checkbox"/> Self or Family <input type="checkbox"/> School <input type="checkbox"/> DCF <input type="checkbox"/> Other (Please describe) _____					
Parent/Legal Guardian Information:					
Parent/Legal Guardian 1					
Last Name:		First Name:		Middle Name:	
Home phone ()		Work phone ()		Cell phone ()	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Please describe) _____					
Email: _____					
Emergency Contact <input type="checkbox"/> (By selecting this box you are authorizing this individual to drop off /pick up student.)					
Parent/Legal Guardian 2					
Last Name:		First Name:		Middle Name:	
Home phone ()		Work phone ()		Cell phone ()	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Please describe) _____					
Email: _____					
Emergency Contact <input type="checkbox"/> (By selecting this box you are authorizing this individual to drop off /pick up student.)					



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PRODIGY APPLICATION

School Information:		<i>(Grades 1 thru 12 only)</i>		Name of School <i>(Indicate if student is homeschooled):</i>	
Currently Enrolled In School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade Level:			
Address:			Apt/Unit #	City:	
Address 2:			State:	Zip Code:	Phone: ()
SECTION II: TRANSPORTATION RELEASE & EMERGENCY CONTACT INFORMATION					
Only the individuals listed below are authorized to drop off/pick up student. Please check the appropriate box for the emergency contact (EC) person you want to designate.					
Last Name		First Name		EC <input type="checkbox"/>	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>(please describe)</i> _____					
Home phone ()		Work phone ()		Cell phone ()	
Last Name		First Name		EC <input type="checkbox"/>	
Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>(please describe)</i> _____					
Home phone ()		Work phone ()		Cell phone ()	
In addition to the people listed above, my child has my permission to be released as indicated below <i>(please check all that apply)</i> .					
<input type="checkbox"/> Sign Self In and Out <input type="checkbox"/> Signed In and Out by Parent/Guardian Only <input type="checkbox"/> Other <i>(please describe)</i> _____					
SECTION III: MEDICAL RELEASE AND EMERGENCY INFORMATION					
My child has the following medical condition(s) and/or is taking the following medication(s) listed below. The medical information provided herein is covered by the Health Insurance Portability and Accountability Act (HIPAA). Please indicate N/A for sections that do not apply.					
Medical conditions:		Medications:		Other special needs:	
If my child, _____ should become ill or injured while at Prodigy, I understand that an administrative staff member will contact me immediately or contact the person I have designated in the emergency contacts list if I cannot be reached. Should the administrative staff be unable to reach me or the person I have designated, I authorize the staff to contact the child's physician and/or arrange for immediate emergency treatment if deemed necessary to ensure my child's health and safety. I further understand that this Prodigy Cultural Arts Program is not liable for any payment or medical bills that may arise, including costs associated with ambulance transport.					
Physician's Name:		Street address:		Phone ()	
Name of Medical Insurance Company:			Policy#		Group #

*All information contained in this application is confidential and kept in a locked cabinet.



Revised 10/26/2016





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PRODIGY APPLICATION

SECTION IV: INFORMED CONSENT FOR SERVICES, PRODIGY RELEASE & CONSENT FOR RELEASE OF INFORMATION

The Prodigy Cultural Arts Program is a research-based prevention program that provides a safe arena where students learn communication, problem-solving and anger management skills through visual and performing arts. The program is funded by the Department of Education (DOE). A designated staff member will explain the purpose, process and content of the program with the student and his/her family upon admission.

_____ (Initials) I allow the information provided herein be used to complete enrollment requirements and assessments, and grant permissions for assessments to be conducted as part of the Prodigy Program. Information provided will be utilized to complete enrollment requirements with DOE.

_____ (Initials) I authorize the Prodigy Program Staff to provide prevention services to my child throughout the duration of the program.

_____ (Initials) I understand that the Informed Consent is effective for one (1) year from the date of my signature. However, I may revoke consent orally or in writing any time prior to expiration.

_____ (Initials) I understand that this is a legally binding release made to the University Area CDC, Inc. (UACDC), DOE and Prodigy Site operated by (name of the organization) _____. And, in consideration of allowing my child to enroll and participate in the Prodigy Program at any approved location, I hereby release the above named entities (comprised of the Prodigy Program, their employees and agents) from any and all liability, loss claim, damage, charge or expense that may arise from injury or harm to my child, or from damage to my property in connection with my child's enrollment and participation in the Prodigy Program.

SECTION V: STUDENT GRIEVANCE PROCESS

While in the Prodigy program, every student and parent has access to a method to have a particular grievance considered rapidly, fairly and without reprisal. If a student or parent has experienced a circumstance or action on the part of a Prodigy Staff in which they deem to be unjust, he/she may file a grievance following the process provided.

_____ (Initials) I have received and understand the student grievance process.

SECTION VI: MEDIA RELEASE PARENT/GUARDIAN CONSENT

Effective for twelve months from date of signature below, I hereby voluntarily and without expecting reimbursement grant to the Prodigy Program of the University Area CDC, Inc. permission to use photographs and videos made of my student during his/her participation in the program. The use of photographs and videos will not be used for profit; they will include but not be limited to publications, website, display, advertising, editorial illustration, etc.

_____ (Initials) I give the University Area CDC, Inc. permission to photograph, videotape my child and publish his/her name with print photograph as a participant in the Prodigy Program.

_____ (Initials) I DO NOT give the University Area CDC, Inc. permission to photograph, videotape my child and publish his/her name with print photograph as a participant in the Prodigy Program.

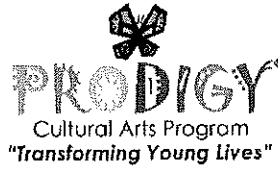
Signature of Parent/Guardian _____	Date: _____
Signature of Student _____	Date: _____
Signature of Staff _____	Date: _____



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Revised 10/26/2016





CONSENT FOR RELEASE OF INFORMATION

Youth Name: _____

Date of Birth: _____

I hereby authorize Prodigy to:

1. Release information to my parents/guardian, school staff, Prodigy staff and sub-contractors providing services.
2. Obtain information from my parents/guardian, DCF, school staff and sub-contractors providing services.
3. Face to Face contact with my child to include school or Prodigy programming locations.

Forms of Communication can include: Electronic, Written and/or Verbal

***Please check the type of information to be disclosed.**

- | | |
|--|---|
| <input type="checkbox"/> Psychological/Psychiatric Assessment | <input type="checkbox"/> Mental Health Assessments, Recommended Treatment Plans and/or Progress Reports |
| <input type="checkbox"/> Clinical Intake Evaluations | <input type="checkbox"/> School Records including: Attendance, Grades and/or Discipline Reports |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Substance Abuse Evaluations and/or Drug Screens | |

THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING

Prodigy has an ethical, professional, and legal obligation to protect clients (youth and their families) from violation of their right to privacy. Recorded or unrecorded medical, mental health, substance abuse, or education services information received from clients or regarding clients and families is treated as confidential information. Such information is only disclosed to third parties such as Department of Education and Community agencies providing services as allowed by law or with the authorization of the youth and the youth's parent or guardian. Staff only has access to information that is necessary to carry out their specific job functions which constitutes a "need to know basis". Access to such information terminates when staff no longer have a need for such information in order to perform their duties.

All Prodigy staff are mandated reporters as it pertains to abuse and neglect of a child.

Please acknowledge by initialing below:

_____ I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above.

_____ I have read and understand the above Prodigy Confidentiality Agreement.

Parent/Guardian Signature

Date

6/12/15

PROGRESS REPORT

This document is designed to collect information about changes in a student's academic, attendance, and behavior. Please select a response for each of the questions in the table below.

Name of Student _____ Date _____ Current Grade (A, B, C, D, or F) _____

Name of Teacher: _____ Subject Taught _____ Name of School: _____

Teachers of student participants provided input regarding participants related to the following:	Did Not Need to Improve	Significant Improvement	Slight Improvement	No Change	Slight Decline	Significant Decline
The student turns in given assignments on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The class homework that the student completes and submits reflects that the student understands what is being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student indicated an interest in tutoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student participates in class discussions and their responses are relevant to the topic being discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is attentive in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student seems to be motivated to learn and volunteers to assist other in their learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student gets along well with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The class exams that the student completes reflect that the student understands what is being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coming to school motivated to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>