

Bennett's Place

AUTHORIZATION TO TRANSPORT (Personal Vehicle)

I _____ hereby request and authorize, authorized Bennett's Place employees to transport my child to and from any planned activities. I understand that this authorization will remain in effect for our term with Bennett's Place as our providing agency.

- Ninety (90) days unless otherwise specified: ___/___/___
- One (1) year

I understand that this action has been taken which was based on my consent; I may withdraw this consent at any time.

Individual/Resident Signature Date
(Parent/Guardian)

Coordinator Signature Date

Program Director/Mgr. Signature Date

Bennett's Place Employee's have submitted the following items: -

- Proof of Insurance
- Motor Vehicle Report (MVR)
- Valid Georgia Drivers License.

Under no circumstance are employees allowed to use a cellular phone while driving. If the Bennett's Place employee needs to make a call or respond to a call while on company time, the employee must drive to a safe location and park the vehicle.



Use this space only if Parent/Guardian withdraws consent.

Signature of Parent/Guardian

Date this consent is revoked

Bennett's Place Behavior Policy Acknowledgement Sheet

Date _____

Consumer Name _____ Grade _____

Does this consumer have a behavior plan? _____

Did the consumer previously require a behavior plan? _____

Date of implementation of behavior plan: _____

Parent(s)

Address _____

Phone # (home) _____ (cell) _____

Email _____

As the parent(s) of _____ I acknowledge that I have read the behavior policy section of the parent handbook. I understand that the team (Parents and program facility staff) will do everything possible to find strategies to help my child(ren) if behavior becomes an issue at program facility. I agree to work with program facility staff to set up and implement a behavior plan for my child(ren) if needed. I understand that the program facility is not staffed to handle consumers who have continuous issues that do not respond to interventions and that I may need to pick my child up from program facility if his or her behavior requires a parent pick up per the behavior policy of the program facility.

I have read the attached copy of the behavior policy. I understand and agree to the behavior policy at Bennett's Place.

Parent Date Parent Date

This form must be signed by each parent with custody of child.

The discipline policy for each child will be individualized based upon their IEP. Certain behaviors cannot be tolerated for safety reasons. The following outline will describe behaviors that require intervention.

Intervention Behaviors (requires parent-teacher conference):

- ❖ screaming
- ❖ sensory overload
- ❖ perseverative behaviors that interfere with class such as noises or singing
- ❖ wandering out of the classroom
- ❖ continuous issues with distractibility that are interfering with learning

Behaviors that Require a Parent Pick-Up:

Behavior that continues even after interventions have been tried and affects the safety of the child, other children, and/or staff. Some of these behaviors may include:

- ❖ self-injurious behaviors
- ❖ fighting with another Consumer or staff member
- ❖ inappropriate language
- ❖ continuous noncompliance

**** Aggressive behaviors

Expulsion Behaviors:

- ❖ bringing a weapon to the program facility or community property
- ❖ sexual assault
- ❖ drugs and alcohol
- ❖ repeated behaviors that require a parent pick-up and have not responded to multiple interventions

****Aggressive behaviors towards staff or fellow Consumers could be cause for expulsion.****

****The program facility reserves the right to add to or change this list at any time****

Parents need to sure they have read and understood the behavior policy. Any time a consumer is exhibiting behaviors that could injure themselves, staff, other consumers or damage program facility or community property; staff will call the parent to notify them that they may need to pick up their child. The consumer will need to have a written behavior intervention plan in place as soon as possible if the consumer does not have one. A behavior plan may be required before the consumer can return to program facility. The consumer's strategies in his or her intervention plan must be able to de-escalate the behavior in a reasonable period of time.

What will be considered a reasonable period of time depends on the age of the consumer and the severity of the behavior. Parents need to understand that Bennett's Place is not staffed to deal with severe behavior issues, especially not with older and larger consumers. Parents will be required to sign an acknowledgement of the behavior policy.

Please see Pat Blake with any questions about the behavior policy.

Bennett's Place Emergency Contact Sheet

Student Name _____

Address _____

Phone # _____

Parent Name _____

Phone # (work) _____ (cell) _____

Parent Name _____

Phone # (work) _____ (cell) _____

The following people are authorized to pick up my child in the event of an emergency if I cannot be contacted. I understand it is my responsibility to keep this information current.

Parent Signature Date

1) Name _____

Address _____

Phone # (home) _____ (cell) _____

Relationship to Child _____

2) Name _____

Address _____

Phone # (home) _____ (cell) _____

Relationship to Child _____

3) Name _____

Address _____

Phone # (home) _____ (cell) _____

Relationship to Child _____

Bennett's Place Medication Release Form

Student Name:

Does your consumer have medication that will need to be administered at our center?

yes no

If yes, what is it?

If yes is checked please let us know if this is a prescription or over the counter medication _____

Dosage:

Frequency:

Time of day:

Any other information that we need to know:

If the medication is prescription your consumer's doctor must sign the form as well as the parent. For over the counter medication only the parent signature is needed. I, _____, parent of _____ authorize the Staff at Bennett's Place to administer the above medication per my instructions. It is my responsibility to submit in writing any changes to my consumer's medication regimen. The Staff will follow this authorization only until another is submitted in writing.

Doctor Signature

Date

Parent Signature

Date

Please tell us what type of class your child was in at his or her previous school settings. Did your child have any behavioral issues at school? Please describe.

What behavior issues do you see with your child? Please also list any issues with aggression towards self and others.

Are there any interventions that have worked to extinguish or control any negative behaviors?

What are your expectations for your child at Bennett's Place?

What can you tell us about your child's strengths and weaknesses academically? What materials or presentations seems to help him or her most (i.e. learns better visually, needs reduced language, reduced amount of work?)

A) Strengths: _____

B) Weaknesses: _____

Please review the program schedule. What program level do you think is appropriate for your child? Please explain.

What sensory needs does your child have? Does your child need a lot of movement or resist movement? Does he or she like to fidget? Does your child crave deep pressure (crash into things or put things on top of themselves)?

How does your child best communicate? How is your child's handwriting? Typing? Does he or she like computer work?

Bennett's Place Photograph Release

We request that parents allow us to use photographs of their child for our activity board, newsletter, brochures, Facebook page and website to help others learn about the wonderful environment we have here at Bennett's Place. Thank you for your support!

Photograph release

I give permission for my child _____ to be photographed for promotional activities including pictures to be placed on the Bennett's Place website.

I do not give permission for my child _____ to be photographed for promotional activities including pictures to be placed on the Bennett's Place website.

Parent Signature

Date

Bennett's Place

Pick-Up Form

Student Name _____

Date _____

The following people are authorized to pick my child up from Bennett's Place (please note anyone picking up a child other than a parent will require a government issued picture ID):

1) Name _____

Address _____

Phone: (home) _____ (cell) _____

Relationship _____

2) Name _____

Address _____

Phone: (home) _____ (cell) _____

Relationship _____

The following people are NOT allowed to pick up my child:

Additional Information:

Bennett's Place

Student Questionnaire

Date : _____

Student : _____ Grade: _____ Age: _____

Parent: _____

Please have your child fill out this questionnaire independently if possible. Parents feel free to elaborate but please let us know what is coming from the child and what is coming from the parent. Consumers in kindergarten through 3rd grade answer questions #1-6. All other consumers please complete all the questions. Thank you!

1) What do/did you like best about school?

2) What do/did you not like about school?

3) What are your favorite things to do?

4) What are your favorite toys or games?

5) What makes you feel happy?

6) What makes you feel sad? Angry?

7) What do you do to help yourself when you feel angry or sad?

8) What can others do for you when you feel this way?

9) What is/was you favorite subject in school? Why?

10) When you are/were with your teacher, what does/did he or she do that helps/helped you learn?

11) What do you like to do with your family?