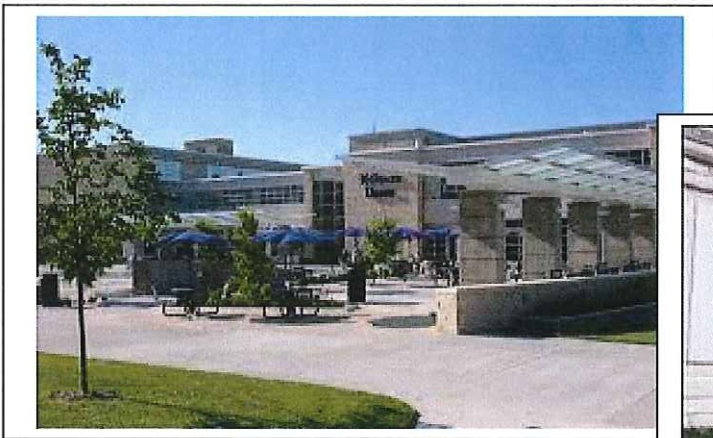


EXCELL

EXtending College Education for Lifelong Learning



NEW Student Information Packet



**Project EXCELL
Enrollment Interview form**

Appt. Date: _____ Time: _____ Accompanied by: _____

Student Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ DOB = _____
Age: _____ Employer: _____

Own Guardian: Y N If NOT, who: _____

Teacher/ Case Manager if still in school: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship = _____

List: Disabilities/Diagnosis/Health Concerns/Medications: _____

Physicians Name: _____

Living accommodations: (with parents, apartment etc.) _____

Other program attending: _____ District: _____

Last school attended: _____ year: _____

Reading Level: _____ Comprehension: _____

Math Level: _____ Comprehension: _____

Money training: can count bills/coins: _____ Can make change: _____

CHECK IF AFFIRMATIVE:

- Capable of changing classrooms with minimal assistance
- Able to communicate with others verbally, through sign language or other communication device.
- Participates in small group activities
- Able to sit through one hour class without assistance
- Follows instructions
- Attends to a specific task for 10 minutes, unaided
- Free from behavior that would be disruptive or inappropriate in a classroom
- Able to transport and take medications independently
- Does not require extensive supervision for acute or chronic medical conditions (i.e. seizures, special diets, etc.)
- Has no history in the last 2 years of physical or verbal aggression
- Has no history in the last 2 years of sexually aggressive or inappropriate behavior
- Able to maintain personal self-care and hygiene independently
- Has no history in the last 2 years of leaving a designated area without informing appropriate

personnel

What would you gain from Project EXCELL classes? (in your own words) _____

Your hobbies and outside interests: _____

Accommodations required: _____

Notes: _____

Interviewed by: _____

Signature: _____ Date: _____



EXCELL Program Student Health Update

Please complete this form and return to your instructor on the first day of class.

Name: _____

DOB: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

Student Phone Number: _____ Email: _____

Emergency Contact:

_____ Phone: _____ Relationship: _____

_____ Phone: _____ Relationship: _____

Name of Agency Providing Services: _____ Phone: _____

—

I live (check one) _____ with parents _____ in own apartment _____ in group home

List disability, any health problems, and medications: _____

Please note any other special needs: _____

If the student has a seizure disorder, please list situations that might cause a seizure (room temperature, noise, anxiety, etc.) and what staff need to do in case of seizure.

Student Signature _____ Date: _____

Project **EXCELL**
(Extending College Education for Lifelong Learning)
Kansas State University
Student Union

Liability Disclaimer Statement

RE: Project EXCELL Participation for _____
Student Name

I _____ , (student / parent / guardian) do give consent for _____ (student) to participate in the Project EXCELL program during the period of time from _____ to _____. I further state that I hereby release Kansas State University (the facilities agent) and UFM Community Learning Center (the fiscal agent), their agents or employees, from any claim that the stated identified participant herein might have, or others may have, for injury that said participant might sustain during his/her participation in such activities.

Signature of Participant Date: _____

Signature of Parent/ Legal Guardian Date: _____

PHOTO CONSENT FORM



EXCELL Program

EXtending College Education for Lifelong Learning

I, _____, EXCELL student, agree to allow the EXCELL Program to include me in photo displays and videos. I understand that the photo displays and videos may be used for classroom, publicity or educational purposes, and/or may be viewed on our website.

Student Signature

Date

Student Date of Birth

Staff or Parent/ Guardian Signature
(if needed)

Date