PROJECT
EXCELL

SPONSORED BY
UFM COMMUNITY LEARNING CENTER
Welcome to **Project EXCELL** sponsored by UFM Community Learning Center!

Project EXCELL (Extending College Enrichment for Lifelong Learning) is a nine-year-old program with the partnership of the College of Education and the K-State Student Union. Project EXCELL provides personal enrichment and life skill classes to adults 18 years and older with developmental disabilities. This program provides educational opportunities for students who may not otherwise be able to participate in a college setting. EXCELL offers Saturday morning classes in fall and spring semesters on the K-State campus. Students travel as far as 60 miles away to participate on Saturday mornings.

Student participants in EXCELL are enthusiastic learners that are excited to attend, even at 9:00 a.m. on Saturday mornings, and look forward to each new session. The fact that in eight years, the program has grown from 17 to 66 regular attendees, is a testimony to the impact of this program on the targeted population. Traditional college students that are interested in learning more about the field of special education, serve as Student Ambassadors for the program. Ten – fifteen traditional K-State students volunteer each week. These Student Ambassadors aid in mobility and finding classrooms, assist in the classroom, interact with EXCELL students during break times, and aid in social skills refinement. Some even teach classes. Around 200 students participate each year.
Student Health Record

*Please fill out and return this form prior to the first session*

Student Name: ________________________________________________
DOB: ___/____/______   Phone : ____________________
Address: _________________    City/State: _______________   Zip: _______
Emergency Contact: __________________ Phone: _____________________
Relationship: _______________________ Agency: ____________________
Healthcare Provider: ____________________  Phone: __________________

I live (circle one):  with parents   in own apartment  in group home

List disability, any health problems including allergies, 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, small spaces, etc.) and what staff need to do in case of a seizure: ___________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________ ____________
Student Signature   Date

____________________ ____________
Parent/Guardian Signature    Date
Project EXCELL
Liability Disclaimer Statement

I, _____________________ (student/guardian/parent) do give consent for
________________________ (student) to participate in Project EXCELL through
UFM Community Learning Center during ___________ (current school
year). I hereby release Kansas State University (facility agent) and UFM
Community Learning Center staff and volunteers from any claim that the
stated identified participant herein might have, or other may have, for
injury that said participant might sustain during his/her/their participation
in such activities.

________________________
Print Participant Name

_______________________
Signature of Participant

________________________
Print Parent/Guardian Name

_______________________
Signature of Parent/Guardian
Project EXCELL
Photo Consent Form

I, __________________ (student/guardian/parent) agree to allow Project EXCELL to include photos, videos, or other media of __________________ (student name). I understand that the media may be used for classrooms, publicity, or educational purposes, and/or may be viewed on the tryufm.org website.

__________________________  __________
Student Signature        Date

__________________________  __________
Parent/Guardian Signature Date