



**PROJECT**  
EXCELL

**SPONSORED BY**

UFM COMMUNITY  
LEARNING CENTER

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# 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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