



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 an educational enrichment program in partnership with the K-State 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. 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 thirteen 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.

Just the Basics:

Project EXCELL meets ten weeks in the fall and ten weeks in the spring semesters.

Where: On the K-State campus, generally in the K-State Student Union

When: Check with the registration form for exact dates. Classes run from 9:00 – 11:30 am each week.

Fee: One 5-week session costs \$25.

For the most recent registration form, check the tryufm website,

<https://tryufm.org/project-excell/> , call UFM at 785-539-863 or

Email linda@trufm.org.

Participation Criteria:

Students participating in Project EXCELL must exhibit independent living skills. If students need additional supervision or assistance, it is the family or agency's responsibility to provide an attendant.

EXCELL Program staff do not supervise or administer medications, implement behavior plans or assist with personal care or hygiene. Students who cannot participate independently or become disruptive may be asked to leave the program or provide an attendant.

Specific guidelines for participation include:

1. Must be 18 years of age or older.
2. Capable of changing classes independently.
3. Able to communicate with others verbally, through sign language, or via communication device.
4. Will follow directions.
5. Able to participate in small group activities.
6. Able to sit through a one-hour class without assistance.
7. Free from behavior that would be disruptive or inappropriate in a classroom.
8. Does not require extensive supervision for acute or chronic medical conditions.
9. Free of physical, verbal, or sexual aggression or other inappropriate behaviors.
10. Able to maintain personal self-care and hygiene independently, or with an attendant provided by the family or agency.

Complete the following forms and return them to EXCELL staff by the first day of class.

For more information:
Call UFM at 785-539-8763

Visit tryufm.org/project-excell

Email linda@tryufm.org

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. 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 in printed publications and on the tryufm.org website.

Student Signature

Date

Parent/Guardian Signature

Date