

Sesser-Valier Teen REACH Program



Dear Families:

The Illinois Department of Human Services oversees the Illinois Teen REACH grant program. The program is offered to students in our school who are in 5th grade and above and are between ages 11 and 17. Teen REACH offers tutorial and homework assistance, various activities, and a nutritious snack, from 3:08-6:00 p.m. Mondays – Fridays. Special activities, programs, and field trips will be available. Students are encouraged to **participate 5 days per week**. Students will rotate among recreation, exploratory, life skills, service learning, and the homework center. All students will have the homework center available with teacher assistance and use of the library computers during this time. Preference will be given to those students participating at least 4 days a week.

DISCIPLINE – The school handbook will be followed for behavior guidelines, including the use of cell phones. In the event that gross misbehavior does occur, the Teen REACH Coordinator will discuss repercussions with the student and his/her parent. That student may lose the privilege of attending the Teen REACH Program for a period of time. Minor discipline problems will be handled on an individual basis.

ACTIVITIES - The students in the Teen REACH program will be able to participate in a variety of activities, events, and field trips throughout the school year and summer break. In order for students to attend activities, events, and field trips off school grounds, a permission slip must be filled out and returned when designated on the form. A calendar of events is offered to Teen REACH parents and students through Google Calendar. Reminders and cancellations are also offered to Teen REACH parents and students through Remind. If you are interested, please sign up with the Teen REACH office staff for both Google Calendar and Remind.

ECORNERSTONE – The Department of Human Services requires us to enter students who participate in our program into an online database. Your consent is required for us to do so. That form is attached. The information is confidential and will be used only for statistical purposes.

ATTENDANCE – Teen REACH will hold special events on some holidays and early dismissal days. Notices will go out for these events. Once a student stops attending for 20 consecutive school days, they will be dropped from the program and may not re-enroll until next school year.

REGISTRATION – The following forms must be completed before your child may attend the program: Registration, Individual/Family Risk Factors, Parental Consent, the eCornerstone ag Over and Child Pick-Up Form.

Teen REACH 2017-2018

CHECK OUT – Students **MUST** be picked up by 6 pm. Older students may drive home with parent permission. If your child must leave before 5:30 pm for any reason, you or an individual from your child’s pick up form must sign them out in the High School office.

***ATTENTION:** During any school sport season, your child may not stay at school until the game or activity begins as per school policy because there will not be adult supervision during this time. The **only** exception of this policy is if a game or event begins before the dismissal time of the Teen REACH program in which case a student must hand in a signed note by the parent to the office staff of Teen REACH. If you have any questions about an event, please contact the office staff of Teen REACH.

QUESTIONS – If you have questions or suggestions you may call me at 618-625-5105 ext 138 or email me at teenreach@sv196.org.

Regina Tinsley, Teen REACH Coordinator

**Sesser-Valier Teen REACH Program
General Information Parental Consent Form**



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: ____

SSN (optional) ____-____-____

Student School ID# _____

Field Trips:

I understand that the Teen REACH program will be planning some field trips throughout the course of my child's participation. I, _____, will allow my child, _____, to go on field trips with the Teen REACH program and its staff. My child and I fully understand that all Teen REACH rules apply, even on trips. I also understand that all field trips will also have another, more detailed, permission slip, providing information concerning the exact logistics of each trip.

Parent Name

Child Name

Photography Release:

As the legal parent/guardian of _____, I authorize the Illinois Department of Human Services and the local Teen REACH program operators to photograph my child for means of publication purposes. Photos might be used in various brochures and publications describing and promoting the program in a positive way. In no way will the photos be used in any illegal misrepresentation of my child.

Child Name

Outcome Measurement Consent:

I, _____, give my permission to the Illinois Department of Human Services and its designees to collect and record data on my child. This gathering may include, but is not restricted to the following:

Parent Name

- Surveys and/or interviews about his/her knowledge, attitudes, skills, and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community, and overall satisfaction with the Teen REACH program.
- Academic and school department data from report cards and other school reports. These will be collected twice per school year.

I understand that the purpose of these surveys and interviews is to document the impact of the Teen REACH sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the Teen REACH program.

Medical Release: I understand that Teen REACH also includes physical sports and recreational activities. My child, _____, has the following restrictions on his/her physical activity _____.

Child Name

My child takes the following medications:

_____.

These are: Self-administered_____ Administered by an adult_____.

My signature confirms that I have read the above information, and grants my permission for the child listed to attend, participate, and travel, as stated above.

Parent/Guardian Signature

Date

Sesser-Valier Teen REACH

Individual/Family Risk Factors



Name: _____

Teen REACH program services are provided for at-risk children and youth ages 11 to 17. The individual and/or family risk factors of youth targeted by the Teen REACH program include but are not limited to the characteristics in the table below. The Illinois Department of Human Services asks we gather this information on each child to be entered into the eCornerstone system. Circle any that apply. All answers are confidential.

Youth living in a single parent household	Youth is unsupervised after school
Youth residing in a household receiving TANF funds	Youth has witnessed or been a victim of family violence
Youth experiencing academic difficulties	Youth identifies as LGBTQ
Youth is in danger of or has been previously held back to repeat on or more academic years	Youth with siblings who dropped out of school
Youth experiencing truancy concerns	Youth with siblings who are teen parents
Youth is reported to have behavior issues	Youth with siblings who are involved in the juvenile justice system
Youth is reported to be a victim of bullying	Youth with one or both parents who are incarcerated
Youth is reported to be a perpetrator of bullying	Youth with siblings who are gang involved
Youth in the DCFS system	Youth is reported to be gang - involved
Youth is homeless	Youth is pregnant
Youth is parenting	

Illinois Department of Human Services
eCornerstone Consent Form



General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____

SSN (optional): _____

Grade: _____

School Name: Sesser-Valier Community School District 196
Address: 4626 State Highway 154, Sesser, IL 62884
Phone: 618-625-5105

Release of Information:

As the legal parent/guardian of, _____, I authorize the
Child Name
Sesser-Valier Community Unit School District to release the following information to Illinois
Department of Human Services eCornerstone system on a quarterly basis: grade point average,
photocopies of report cards, school attendance rates, grade achievement information and graduation
information.

Parent/Guardian Signature

Date

Phone number

Email address

**Sesser-Valier Teen REACH Program
Registration**



I give permission for my child, _____, to participate in the Sesser-Valier Teen REACH. The program seeks specifically to address the following 5 core elements:

- ✓ Improving academic performance
- ✓ Recreation, sports, cultural and artistic activities
- ✓ Positive adult mentors
- ✓ Life skills education
- ✓ Parental involvement
- ✓ Service learning

I understand that the Sesser-Valier School District purchases the basic accidental student insurance plan for my child and that this plan offers minimal coverage for school sponsored activities including the Teen REACH program but is not intended for hospitalization.

Parent/Guardian Signature

Date

For scheduling purposes, please indicate which days you would like for your child to attend. Please note that your child is not limited to only these days. Remember we encourage students attend 5 days a week.

_____Monday

_____Thursday

_____Tuesday

_____Friday

_____Wednesday

Child Pick-Up Form



Dear Parents,

Please list the individuals, including yourself, who have your permission to pick up your child from the Sesser-Valier Teen REACH. Your child will be released **only** to those individuals listed below. Any one picking up your child before 5:30 pm must sign them out in the High School office. Because students may not use cell phones during Teen REACH programming, please contact the Teen REACH office staff in the High School office for any changes.

NAME	ADDRESS	CELL/PHONE

Emergency Contact Information

Please list people we can contact in the event a parent or guardian can not be reached.

NAME	CELL/PHONE

Student _____

Parent/Guardian Signature

Date



Sign up for important updates from Teen REACH.

Get information for Teen REACH right on your phone – not handouts

Text the message [@treach1718](#) to the number **81010**.

If you're having trouble with **81010**, try texting [@treach1718](#) to **(469) 212-7916**.

** Standard text message rates apply.*

