

T.E.E.N.

Teen Educational Empowerment Network

We are excited to officially open registration for our 2nd USOD Teen Educational Empowerment Network series (T.E.E.N.). Adolescent years can sometimes be quite challenging especially for teens with Down syndrome. T.E.E.N. will provide a fun and safe environment for learning and socializing. With the launch of the T.E.E.N. Program, USOD furthers its mission to engage all ages across the lifespan.

Overview of the T.E.E.N Program:

- T.E.E.N will be offered ongoing throughout the year.
- Each series will include six sessions that focus on a single topic/theme.
- A licensed educator will lead the program with assistance from volunteers on an as needed basis.
- T.E.E.N. is designed for ages 13-18 years; requests regarding age limits will be considered on a case by case basis.
- The program will provide an encouraging environment where participants will engage in interactive and meaningful activities related to the session topic.
- Participants will have the opportunity to make new friends, learn important skills necessary for independence and employment, enrich their academic skills, increase self-confidence and grow as an individual.
- T.E.E.N's overall goal is to empower and educate participants while also providing a fun and encouraging environment for growth.

Additional information for your consideration:

- Spaces will be filled on a **first-come, first-serve basis**.
- Registration must be received by the due date for a guaranteed spot.
- Sessions will typically run for six classes; certain topics may necessitate a division of ages in two smaller groups, such as 13-15 and 16-18.
- Community outings, special speakers or volunteer outings may be included with the curriculum of certain themes (Advance notice will be given for transportation plans, additional materials, etc.)
- Dates are set in advance, but may change due to unforeseen circumstances.
- Age limit requests will be considered on a case by case basis.
- Our philosophy is that finances should not be a barrier for attending; therefore financial assistance is available on an as needed basis. Contact gina@usod.org for a scholarship form if interested.

To enroll in the T.E.E.N Program register by completing the accompanying registration form by the indicated date.

Our 2nd T.E.E.N. Series will be divided into two age groups due to the nature of the topic. See registration form for further details. If you have questions feel free to contact Saree at saree@usod.org or Gina at gina@usod.org.



T.E.E.N.
Teen Educational Empowerment Network
Registration Form

Email gina@usod.org or call 216.447.8763 to reserve your spot!
Spots are limited! Last Day to Register is June 15th.

Registration Form & Waiver

Please return forms to Gina Mitchner, USOD Education Director via:

Email - gina@usod.org

Mail- 6533-B Brecksville Rd., Independence, OH 44131

Part I: Participant Information Fields marked with an * are required. * (if we have your teen's information from the 1st session you do not need to fill this section out unless a change has occurred)

Name*: _____ Male Female

Date of Birth*: _____

Address*: _____

Email: _____ Phone #: _____

Current School/Program/Employer: _____

Grade (if applicable): _____

Parent/Guardian/Point Person Information

Name(s)*: _____

Address (if different from participant):

E-mail(s)*: _____

Home Phone #: _____ Cell #: _____

Emergency Contact Name*: _____

Emergency Contact Phone #*: _____

Part II: Registration Details: Last Day to Register is June 15th, 2019

T.E.E.N. Series: 13 to 15 years		T.E.E.N Series: 16 to 18 years	
Topics	Manners, Self Determination, Social Boundaries & Expectations	Topics	Dating, Use of Technology and Social Media, Community Outings and Expectations
	Building off the Circles Curriculum, teens will discuss the importance of manners and how they relate to the different relationships that they will encounter in common environments such as at school, at home, in the community etc. Teens will explore the boundaries they should have among the various people in each circle and what these boundaries may look like. In addition, teens will define self-determination, how to recognize what their own self-determination goals are and what they need to accomplish to get there. They will discuss ways to include people in their lives/circles that may be needed for support and guidance.		Building off the Circles Curriculum, teens will discuss dating (who, what, where, when, why, how). This topic will be about the very basics of dating and will encourage and emphasize the importance of family support and input with the relationship. In addition, teens will discuss what is appropriate when dating and what is acceptable or not acceptable while out in the community either by themselves or with others. Furthering the discussion, teens will look at technology and social media. They will talk about how to use, understand, and discriminate what is appropriate and what isn't when using social media and technology. Lastly, teens will explore the complex rules and expectations for being out in the community alone, with your family, your friends, and/or your significant other.
Dates	June 15, June 29 (tentative date), July 13, July 27, August 10, August 17	Dates	June 15, June 29 (tentative date), July 13, July 27, August 10, August 17
Time	12:00pm to 2:00pm	Time	3:00pm to 5:00pm
Location	USOD Office	Location	USOD Office
<ul style="list-style-type: none"> ❖ Ages are suggestions only. If unsure about which group your teen should attend please contact Saree Doyle at saree@usod.org ❖ If your child is older than 18, but is still considered school age and on an IEP please inquire about joining the older T.E.E.N. group if you feel the topics relate to your child's situation. ❖ Spots are limited and on a first come, first serve basis. Last session was sold out in a week! 			

Last Day to Register is June 15th, 2019

I have enclosed my registration fee of \$60.00 (\$10.00 each) for six sessions:

Y N ((Checks payable to USOD. Payment can also be made at the USOD office)

I would like to apply for a scholarship to cover the cost of the registration fee: Y N

Part III: Support Assessment * (if we have your teen's information from the 1st session you do not need to fill this section out unless a change has occurred)

We appreciate your honest evaluation of the participant's/your own need for support during our activities and programs to ensure the safety and success of all. We realize that your child/you may not fit exactly into one of the support categories listed, but we just ask that you identify the area that best describes your child/yourself so that we can provide the best experience possible!

Please check one:

1. Participant is able to independently access the activities.
- Participant is independent and travels in his/her community unassisted.
 - S/he will follow directions readily and will probably be of assistance to others attending an event.
2. Participant requires minimal assistance to be successful.
- Participant is comfortable in group situations and typically adjusts to new situations well.
 - S/he responds well to verbal directions and is usually cooperative.
 - Participant does not need one-on-one assistance, but requires supervision.
3. Participant requires moderate assistance to be successful.
- Participant is less confident in large group settings.
 - S/he may be anxious about attending something new and may need the support of a consistent familiar face in order to adjust.
 - One-to-one assistance may be necessary for successful participation in activities.
 - Challenging behaviors can be addressed through redirection and access to breaks when overstimulated.
 - Participant responds well to suggestions of redirection by an unfamiliar person.
4. Participant requires one-on-one assistance by a *familiar support person* to assure safety and successful participation.
- Participant might unexpectedly attempt to leave site and requires one to one assistance by a support person to assure safety.
 - S/he will require assistance getting to and from the restroom and may need support, beyond prompting, in the restroom.
 - S/he may have challenging behaviors and/or health issues that will require specialized support from a person familiar with the individual needs of the participant.
 - S/he will need to be supervised by the familiar support person throughout the duration of the event.

- Check here if you can provide a one-on-one assistant for the participant. While the use of volunteers will be part of the program if a participant should need a familiar support person, we encourage parents/guardians to help us identify a one-on-one support person who can best help the participant be successful in our program. Siblings, friends, helpers are welcome.

Support Person's Name: _____

Email Address: _____ Phone #: _____

Part IV: [Support Suggestions](#) * (if we have your teen's information from the 1st session you do not need to fill this section out unless a change has occurred)

1. Restroom: *Please check one*

- Participant will *not* require assistance during restroom breaks.
- Participant may need some prompting during restroom breaks (e.g.: reminder to wash hands).
- Participant may need support during restroom breaks.

Please describe needed prompts or supports:

2. What specific supports would help the participant during events & activities?

3. Please describe strategies to promote positive behavior and/or encourage the participant's engagement in program activities.

4. How does the participant communicate? (Check all that apply)

- Verbal
- Verbal with adaptive equipment
- Gestures
- Sign language
- Communication: Communication device, iPad, PECS, visuals, etc....
- Non-Verbal
- Other. Please describe

Part V: Health History *To be Completed by Parent/Caregiver * (if we have your teen's information from the 1st session you do not need to fill this section out unless a change has occurred)*

1. Does the participant have any medical conditions that we should be aware of?

2. Please list any food, environmental, or medication allergies.

3. Is the participant capable of monitoring his or her own diet for diabetes, gluten and/or any other allergens? Yes No

Please list anything else that you feel would be helpful for staff or volunteers to know regarding your child.