



August 5, 2019

Dear Parent or Guardian,

Hello! We have had a wonderful year at San Francisco Students Back on Track and looking forward to having you and your family back for the 2019-20 school year. San Francisco Students Back on Track will open the week of **September 9, 2019**. To secure your child's spot for next fall, you must return **ALL** of the following by the **August 23, 2019** priority deadline:

- Completed Parent/Guardian FAIT Form (Return by August 23, 2019)
- Complete Enclosed Returning Student Application
- Attach Your Child's Last Report Card (Mailed by SFUSD in June)
- Signed Student Attendance Policy
- Signed Parent Participation, Family Commitment and Offsite Policy
- Signed SFSBOT Child Abuse Prevention Policy
- Complete Emergency Student Information

Please fill out the following information so we can register your student as quickly as possible.

- What is the name of your child's tutor? _____
- Do you want your child to continue with the SAME TUTOR if s/he is also returning?
YES _____ NO _____
- I agree to attend the **mandatory** Back On Track Family and Student Orientation/Workshop on
to be announced.

Parent/Guardian Name

Parent/Guardian Signature

Date

Please return your completed Returning Student Application to:

San Francisco Students Back On Track
1399 McAllister Street
San Francisco, CA 94115

Fax
(415)346.4259

Email
riseup@backontracksf.org



Functional Assessment Interview Tool (FAIT): Parent/Guardian Form

Student Name: _____

Date Completed: _____

Parent/Guardian Name: _____

To better understand how we can support your child at San Francisco Students Back On Track, we are conducting a functional behavioral assessment. Your opinion is one important part of this assessment. The functional behavioral assessment involves getting information from staff, the parent/guardian, and the student. Additionally, observations of your child in his/her tutoring sessions are conducted.

The purpose of this tool is to get information from you about four key things: 1) What are your child's strengths/preferences, 2) What behaviors you are concerned about, 3) Situations where you have observed the behavior, and 4) How you and other family members respond when the behavior occurs. Any information you can provide will be extremely helpful in this process. We know you are extremely busy and appreciate the time you are taking to complete this assessment tool.

Please return this form along with your completed application

What Works Well for Your Child?

What have you observed are your strengths or preferences?

Positive Things About my Child	My Child's Preferences or Interests <i>(List known or suspected preferences)</i>	Learning Conditions that Work Well for My Child <i>(Lessons/Activities that...)</i>
<input type="checkbox"/> Friendly <input type="checkbox"/> Helpful <input type="checkbox"/> Sociable <input type="checkbox"/> Organized <input type="checkbox"/> Natural Leader <input type="checkbox"/> Liked By Peers <input type="checkbox"/> Has Lots Of Friends <input type="checkbox"/> Self-Starter <input type="checkbox"/> Socially Aware <input type="checkbox"/> Follow Directions <input type="checkbox"/> Honest <input type="checkbox"/> Easy Going <input type="checkbox"/> Attentive To Instruction <input type="checkbox"/> Kind To Adults <input type="checkbox"/> Kind To Other Students <input type="checkbox"/> Good Sense Of Humor <input type="checkbox"/> Has A Positive Attitude/Outlook <input type="checkbox"/> Good Communication Skills <input type="checkbox"/> Hard Worker <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:		<input type="checkbox"/> Encourage Reflective Thinking <input type="checkbox"/> Use Analytical Skills <input type="checkbox"/> Involve Building/Constructing <input type="checkbox"/> Involve Experiments Or Testing <input type="checkbox"/> Use Creative Writing <input type="checkbox"/> Utilize The Computer <input type="checkbox"/> Allow For Artistic Expression Of Concepts <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:



What Behaviors are a Concern for You?

List any behaviors that occur at home or school that you are concerned about:

What Contributes to Occurrences of Problem Behavior?

Thinking about the problem behaviors you are concerned about, when do behaviors typically occur?

<input type="checkbox"/> When Asked To Do A Chore Or Helping Task	<input type="checkbox"/> Transition At The Beginning Of A Class/Routine/Activity
<input type="checkbox"/> When It Is Time To Do Homework	<input type="checkbox"/> Unstructured Situations Or Settings
<input type="checkbox"/> When Told To Do Something Non Preferred	<input type="checkbox"/> When Given A Direction To Follow
<input type="checkbox"/> When Held To A Time Limit (E.G., Curfew Or Time For Class)	<input type="checkbox"/> When Corrected
<input type="checkbox"/> Tasks That Are Difficult Or Confusing To My Child	<input type="checkbox"/> When He/She Cannot Have Something They Want
<input type="checkbox"/> When Working/Playing/Entertaining Independently	<input type="checkbox"/> Preferred Peer Group Present
<input type="checkbox"/> When Working In Group Activities	<input type="checkbox"/> When Given An Ultimatum
<input type="checkbox"/> Not Prepared With Materials	<input type="checkbox"/> When He Or She Is Told "No" Or Stop
<input type="checkbox"/> Multi-Step Work Or Projects	<input type="checkbox"/> When There Is A Change In Routine
<input type="checkbox"/> Lecture: With Note Taking OR Without Note Taking	<input type="checkbox"/> When Adult Attention Is On Others
<input type="checkbox"/> Public Response Required (E.G., Read Aloud)	<input type="checkbox"/> When There Are Visitors To The Setting
<input type="checkbox"/> Being Teased Or Being Joked Around With	<input type="checkbox"/> Other:



When problem behavior occurs, how do you (or other family members) typically respond?

<input type="checkbox"/> Give A Nonverbal Cue (E.G., Give Look)	<input type="checkbox"/> Let Him/Her Have What They Are Asking For
<input type="checkbox"/> Verbally Correct Or Prompt	<input type="checkbox"/> He/She Gets Out Of Or Delays Doing The Task
<input type="checkbox"/> Help My Child To Get On Task	<input type="checkbox"/> Provide A Reminder Of What Is And Isn't Appropriate
<input type="checkbox"/> Speak To My Child Afterward	<input type="checkbox"/> Try To Explain And Discuss The Issue
<input type="checkbox"/> Take Away An Activity Or Free Time	<input type="checkbox"/> Other:
<input type="checkbox"/> Take A Privilege Away	<input type="checkbox"/> Other:

What is your best guess as to why the problem behavior is occurring?

To Get Out of / Escape:	To Get / Gain Access to:
<input type="checkbox"/> Situations/Work That Is Too Hard	<input type="checkbox"/> The Validation Of Peers (Reputation/ Perceived Popularity)
<input type="checkbox"/> Situations/Work That Is Perceived As Boring / Irrelevant	<input type="checkbox"/> Time Alone
<input type="checkbox"/> Situations Where They May Be Embarrassed Or Need To Save Face	<input type="checkbox"/> Control Over The Situation And / Or Predictability
<input type="checkbox"/> Situations Where They Are Not Sure What To Do Or What Is Expected	<input type="checkbox"/> Adult Attention (Even If It Is Negative)
<input type="checkbox"/> Situations That Are Too Stimulating	<input type="checkbox"/> Peer Attention (Even If It Is Negative)
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:



RETURNING STUDENT APPLICATION

I. General Information

Student Name: _____
Last *First*

Street Address: _____

City, Zip Code: _____ Public Housing: Homeless: CalWorks: CalFresh:

Birthday: (mm/dd/yy) _____ Age: _____ School: _____ Grade: _____

Gender: Male Female Teacher/Guidance Counselors: _____

Race/Ethnicity (for statistical purposes only): Asian Black/African American Latino
 Native American/Native Alaskan Pacific Islander White Multi Racial/Multi Ethnic Other

II. Parent/Guardian Information

1. _____
First Name *Last Name* *Relationship to Student*

Home Phone *Work Phone* *Cell/Pager*

Email Address: _____ Immigrant

2. _____
First Name *Last Name* *Relationship to Student*

Home Phone *Work Phone* *Cell/Pager*

Email Address: _____ Immigrant

III. Special Education/Needs

Is your student in special education classes? Yes No
If Yes, which ones: _____

Does she/he have any special needs? Yes No Limited English
If Yes, which ones: _____

Does she/he take any medications or have any allergies? Yes No
If Yes, please explain: _____

IV. Academic Focus

Academic Difficulties: _____

Strengths: _____

Weaknesses: _____

v. **Tutoring Sites and Times:** Please rate tutoring session times, from 1 to 3 in order of preference with 1 being your first choice. Please select AT LEAST one evening session.

Third Baptist Church 1399 McAllister @ Pierce **(Kindergarten – Second grade sessions between 3:30-6:00 only)**

Monday 3:30-5:30
Tuesday 3:30-5:30 6:00-8:00
Wednesday 3:30-5:30 6:00-8:00
Thursday 3:30-5:30 6:00-8:00

vi. **Enrichment Activities**

My child is interested in:

Art Computers Sports Writing Theater
 Music Science Outdoors Animals Other: _____

vii. **Dropping Off/Picking Up**

Who will be dropping off the student? _____

Who is authorized to pick up the student? _____

Does the student have permission to go home alone? Yes No

Does the student have permission to go home early? Yes No

viii. **Emergency Contact** (Other than Parent/Guardian(s) listed above)

Name: _____ Relationship to Student: _____

Phone Number: Home _____ Work _____ Cell/Pager _____

x. **Report Cards/SBAC Test/School Contact**

1. Report cards help San Francisco Students Back on Track keep track of your child's progress in school and lets us know where he/she needs the most work. Please forward a copy of all student report cards to San Francisco Students Back on Track when you receive them. ***A current report card MUST be submitted to process this application.**

2. The STAR Test(Standardized Testing And Reporting Results) is mandated by the state of California. These test scores let us know at what grade level your child is performing and consequently help us create an individualized curriculum addressing his/her needs. ***Current STAR test results MUST be submitted to process this application. I have enclosed a copy of my child's STAR Test scores:** Yes No

3. In order to serve your child's academic needs to the best of our abilities, we may need to contact his/her teachers/guidance counselors to coordinate our efforts towards his/her success.

I authorize SFSBOT to contact my child's school/teacher/guidance counselor: Yes No

San Francisco Students Back On Track strives to protect the privacy of its participants. For convenience and scheduling purposes will you give permission to disclose your phone number to the tutor with whom they are matched? Yes No

If Yes, please specify which number to disclose (check one): Home Work Other: _____

xi. **Signature/Authorization**

Your signature assures that the above information is accurate and correct to the best of your knowledge. It also confirms authorization for your child to receive tutoring through Back on Track.

In case of an emergency, I authorize SFSBOT to arrange the necessary transportation and medical care for my student/child. I hereby assume full responsibility for any risk of bodily injury or property damage that may occur.

Parent/Guardian Signature: _____ Date: _____



San Francisco Students Back On Track Student Attendance Policy

1. Each student (tutee) is required to attend every regularly scheduled two-hour tutoring session each week.
2. In the event of illness or extenuating circumstances, an absence will be approved provided the parent/guardian of the tutee has given at least three hours advance notice to SFSBOT staff.
 - I. Legitimate circumstances for an absence include: illness or death in the family, car problems, or other unforeseen emergencies such as earthquake or inclement weather.
 - II. A minimum of **two (2) hours** advance notice is **required** and at least one week's notice is preferred in the event of a conflicting activity such as athletics, after school job or clubs. SFSBOT needs time to call your child's tutor and possibly change the time for tutoring.
3. Tardiness of up to **fifteen (15) minutes** may be approved at the program discretion provided the parent/guardian notifies SFSBOT **one (1) hour** in advance of the reason for being tardy. Tardiness of **thirty (30) minutes** or more without notification will be considered as an unexcused absence & their tutor will be sent home.
4. After **two (2)** unexcused absences, a student and parent/guardian will be asked to meet with SFSBOT staff for possible re-evaluation.

I understand and agree to comply with the above rules governing my participation in San Francisco Students Back On Track.

Student

Parent

Date



PARENT/GUARDIAN PARTICIPATION POLICY

San Francisco Students Back On Track parents/guardians are required to participate in Parental Partnering Workshops each year. To fulfill this requirement, parents/guardians are expected to participate in a minimum of three workshops per year, one of which is the **mandatory** Family and Student Orientation/Workshop.

Parents/Guardians are also encouraged to volunteer their skills and services to the SFSBOT program also. Possible volunteer opportunities include:

Assistance with San Francisco Students Back On Track special events – check the website for upcoming opportunities

- ◆ Three Holiday Party
- ◆ Year End Party

Field Trips

- ◆ Various sites/locations/events – ask your Site Coordinator for more details regarding opportunities

Assistance with Enrichment Activities

- ◆ Workshop presentations
- ◆ Thematic presentations

FAMILY COMMITMENT POLICY

The purpose of this policy is to ensure the success of the learning session.

Parents/Guardians and students must be **actively involved** in the learning session through active participation and enthusiasm. Parents/Guardians are **required** to submit a copy of each child's quarterly report card. Each student must always arrive with their homework (completed or uncompleted) to each session. Report Cards and homework provide essential tools in the optimum academic enhancement of each two-hour session. Students must participate fully by completing their work and writing in their learning logs every week.

Absentees and **late arrivals** must call SFSBOT at least **2 hours in advance**, and if unavoidable at least **1 hour before session** on that day. **After 30 minutes without** some form of communication with SFSBOT staff, the student will be considered a **No-Show**. **Three no-shows** without **appropriately notifying** San Francisco Students Back On Track will result in the dismissal of your student. These students will then be placed at the end of the waiting list for the next school year.

OFFSITE POLICY

The purpose of this policy is to ensure the safety of our students and to protect the San Francisco Students Back On Track program.

San Francisco Students Back On Track is not responsible for any accidents or injuries incurred outside of SFSBOT. Please inform us of any events that will take place outside of SFSBOT premises during tutoring hours.

I understand the San Francisco Students Back On Track policies and will adhere to the expectations listed above.

X _____

Parent/Guardian Signature

_____ Date



San Francisco Students Back On Track Child Abuse Prevention Policy

San Francisco Students Back On Track tutoring strongly encourages volunteers to focus on tutoring with students on-site only, using the resources and supervision made available to them by the San Francisco Students Back On Track staff. However, it is recognized that there may be time when tutors or students request contact off-site (i.e. trips to the library, field trips, student performances, etc.). For such contact to occur, San Francisco Students Back On Track must receive a signed permission slip from a parent/guardian. If off-site contact should occur, San Francisco Students Back On Track disclaims all liability for such actions. Parents/guardians are expected to take full responsibility for any tutor contact happening off-site.

San Francisco Students Back On Track has committed to conducting as thorough a screening process as possible of all its volunteer tutors. Each tutor is required to complete an application and individual interview, attend one orientation, and submit fingerprints. Fingerprints are used for a background check only. The Department of Justice reports any record of conviction involving sex crimes, drug crimes, or crimes of violence *only*. No record of other felony or misdemeanor convictions will be reported unless the subject of the request has three or more misdemeanor or felony convictions.

I have read and understand San Francisco Students Back On Track's Child Abuse Prevention Policy.

- I encourage:**
- I discourage:**

A tutor who has completed a screening and three month probationary period, to see my child for supervised or unsupervised off-site tutoring or field trips. I understand that students are required to have a signed permission slip from me for each instance my child sees a tutor or staff member off-site.

I will inform a San Francisco Students Back On Track staff member immediately if a tutor contacts my child without my permission before the completion of the three month probation period, or after the volunteer is no longer tutoring my child.

Parent/Guardian Signature

Date

Student's Name

Staff/Interviewer Initial



STUDENT EMERGENCY INFORMATION

Grade _____ School _____ Gender _____
Student's Name _____ Last _____ First _____ DOB _____

Street _____ City/State/Zip _____

Home Phone# _____ Parent Cell # _____ Student Cell # _____

Internet Available At Home Yes No

E-mail: _____ I would prefer to be contacted via _____

Person Child Lives With: () Both () Father () Mother () Guardian

Father: _____ Mother: _____

Employer: _____ Phone# _____ Employer: _____ Phone# _____

Please List All Siblings In Your Home (Include Non- School Age Children):

Siblings: _____
Grade DOB Grade DOB
_____ Grade DOB _____ Grade DOB

List **Two (2) Emergency Names** And Phone Numbers Of People Who Have Permission To Assume Temporary Care Of Your Child If You Cannot Be Reached:

1) Name: _____ 2) Name: _____
Address: _____ Address: _____
Phone# _____ Phone# _____

Transportation Information:

How does your child get to/leave from San Francisco Students Back On Track?
 Car Carpool (If So Please Explain) _____ Bus Walk

Medical Information

For Emergency Purposes, I Wish To Share The Following Information With San Francisco Students Back On Track Staff:

Health Conditions: _____
Allergies: _____
Medications: _____

In case of accident or serious illness, I request SFSBOT to contact me. If SFSBOT is unable to reach me, I hereby authorize SFSBOT to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, SFSBOT may make whatever arrangements deem necessary.

Signature of parent or guardian (required) _____

Physician's Name _____ Dentist's Name _____
Office Phone# _____ Office Phone# _____