



Florida State University
College of Medicine
Community and Rural Outreach Programs

OKALOOSA RURAL SSTRIDE PROGRAM

CHECK-OFF SHEET

1. Student Contract _____
2. Commitment Form _____
3. Application/student essay with parent's/guardian's signature _____
4. Four (4) Core Teacher Evaluation Rating Forms _____
5. Information release form _____
6. Copy of school transcript _____
7. Attendance and Academic Intervention Form _____
8. Behavioral Intervention Form _____
9. Rural SSTRIDE Program Rules _____
10. Student and Parent Oaths _____
11. Rural SSTRIDE Transportation Permission Form _____
12. Release of Photographs Form _____



NOTE: Deadline for receipt of this material is **April 15, 2011**. A hard copy is required and an incomplete application packet will not be considered. Applications may be turned into Mrs. Blaylock at Shoal River Middle School, Mrs. Richardson at Davidson Middle School, Mrs. Holmes at Crestview High School or they may be delivered to the West Florida AHEC office, 1455 S. Ferdon Blvd., Ste B-1. If you have questions, please contact Penny Eubanks at West Florida AHEC, 682-2552 or peubanks@wfahec.org.



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OKALOOSA RURAL SSTRIDE PROGRAM

COMMITMENT FORM

I would like for my child _____ to participate in the Okaloosa Rural SSTRIDE Program. **My child and I understand the commitment required by the program and agree to make a reasonable effort to remain in the program until completion of the twelfth grade.**

Signature of Student

Date

Signature of Parent

Date





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OKALOOSA RURAL SSTRIDE PROGRAM

**SCIENCE, MATH, LANGUAGE ARTS AND SOCIAL STUDIES
 TEACHER EVALUATION FORM**

Each candidate should give a copy of this form to four **core teachers** (Science, Math, Language Arts, and Social Studies). **Please be sure to fill in your name, grade-level, subject, and teacher BEFORE giving it to the teacher. Do not wait until the day it is due to give to your teacher!** You should ensure that they have enough time to complete and return the form by **April 15, 2011.**

Candidate Name: _____

Subject: _____ **Teacher Name:** _____

CLASS GRADES (letter or numeric):

1st Quarter: _____

2nd Quarter: _____

3rd Quarter: _____

4th Quarter: _____

STUDENT CONDUCT:

Scale: 4 3 2 1 0
 Excellent Above Average Average Below Average Poor

- | | |
|----------------------------------|--------------------------------|
| 1. Class Conduct _____ | 6. Honesty _____ |
| 2. Attitude Toward Peers _____ | 7. Leadership Ability _____ |
| 3. Attitude Toward Teacher _____ | 8. Dependability _____ |
| 4. Grooming/Appearance _____ | 9. Cooperative _____ |
| 5. Creativity _____ | 10. Overall Personality: _____ |

COMMENTS: (Please continue on back if necessary)

CHOOSE ONE:

_____ It is with great pleasure I recommend this student for the SSTRIDE program.

_____ Unfortunately, I am unable to recommend this student for SSTRIDE.

Teacher signature _____





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COMMENTS: (Please continue on back if necessary)

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TEACHER SIGNATURE _____





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TEACHER SIGNATURE _____



APPENDIX A
SCHOOL BOARD OF OKALOOSA COUNTY
PERMISSION FOR DISCLOSURE OF INFORMATION FROM STUDENT RECORDS

Date: _____

I, _____, hereby authorize
(Printed name of parent, guardian, or eligible/adult student)

Crestview High School

1250 N. Ferdon Blvd.

Crestview, FL 32536

to disclose the following information from the school records of:

Student's Name	Date of Birth
Year of Graduation	
<input type="checkbox"/> Official school transcript (name, address, birthdate, grade level completed, grades, class standing, attendance record).	<input type="checkbox"/> Psychological Reports
<input type="checkbox"/> Standardized Test Scores	<input type="checkbox"/> Record of Student Activities
	<input type="checkbox"/> Teacher/Counselor Ratings and Observations
	<input type="checkbox"/> Other _____

TO: Individual _____
Agency _____
Address _____

For the following purpose: _____

**Signature of parent, guardian,
or eligible/adult student**

Relationship

Address



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OKALOOSA RURAL SSTRIDE PROGRAM

ATTENDANCE AND ACADEMIC INTERVENTION PLAN **IN-SCHOOL PROGRAM**

In an effort to maintain academic success, the Rural SSTRIDE Outreach Program is requiring in-school participants to attend the Rural SSTRIDE class daily and maintain at least a “B” average (3.0 GPA) in all classes. If a participant acquires excessive absences or falls below a “B” average, the student must attend mandatory tutoring and the following interventions will be implemented in the order they appear:

- A conference with their teacher
- A conference with the West Florida AHEC Student Services Coordinator
- An intervention letter to the parent/guardian
- A conference with the teacher, parent/guardian, and the West Florida AHEC Student Services Coordinator
- A probation letter (indicating possible dismissal if no improvement is shown)
- Dismissal from the program

We will make every effort to accommodate students with extenuating circumstances. However, in order for the program to be effective and the student to reap the full benefits of the program he/she must maintain good attendance and the required GPA.

Our goal is to aid in the academic success of each student. In order to do that, we need the encouragement and support of all Rural SSTRIDE parents. Please sign and date below indicating that you encourage, support, and will adhere to the conditions of the Rural SSTRIDE In-School intervention plan.

Parent/Guardian Signature _____

Date _____

Student's Name _____

Grade Level _____

School _____



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OKALOOSA RURAL SSTRIDE PROGRAM

BEHAVIORAL INTERVENTION PLAN

All students are expected to abide by all school rules and policies as well as Rural SSTRIDE rules and policies. Students cannot receive any disciplinary referrals. In addition, students are not to receive any behavioral complaints from their teacher, the Rural SSTRIDE staff, mentors, or outside agencies. If Rural SSTRIDE participants do not comply with the above, the following interventions will be implemented in the order shown:

- **Intervention 1:** Parent(s) will be notified (phone call and/or letter) of the inappropriate behavior and asked to meet with the West Florida AHEC Student Services Coordinator.
- **Intervention 2:** Parent(s) will be notified (phone call and/or letter) and student will be suspended from all extracurricular Rural SSTRIDE activities (i.e. guest speakers, field trips, etc) for the current or following month depending on the date of the violation.
- **Intervention 3:** Parent(s) will be notified (phone call and/or letter), the student will be placed on probation (indicating possible dismissal if no improvement is shown,) and the student will be suspended from all extracurricular Rural SSTRIDE activities (i.e. Field Trips, Shadowing, Internships, etc.)
- **Intervention 4:** Parent(s) will be notified (phone call and/or letter) of student's dismissal. The student will not be allowed to return to the program.

The staff and administrators of the Rural SSTRIDE Program have zero tolerance for disrespect and misbehavior. We expect the participants of this program to conduct themselves as mature young adults preparing to become productive citizens and health care professionals. We appreciate the support and encouragement of all Rural SSTRIDE parents.

Parent or Legal Guardian Signature

Date



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CLASSROOM RULES

1. Respect yourself and others.
2. Stay on task and keep up with assigned reading.
3. Attend all class sessions.
4. Be on time for all class sessions.
5. Always be prepared and complete all homework on time.
6. Attend all required mandatory tutoring sessions.
7. Follow all instructions when using science equipment.
8. Do not use any equipment before instructed to do so.
9. Follow all instructions when dissecting and doing other hands-on activities.
10. Do not begin any experiment or lab assignment before instructed to do so.
11. Always ask questions when you don't understand the instructions or the assignment.
12. Be polite to all program guests, mentors, and teachers.
13. Participate in SSTRIDE activities such as field trips, shadowing, summer activities, community service, and scholarship fundraisers.
14. Do your best and don't give up.

Student's Signature

Date

Parent/Guardian Signature

Date



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STUDENT OATH

I, _____, as a participant of the Okaloosa Rural SSTRIDE Program, pledge to commit reasonable time and effort toward adhering to the guidelines and policies of this program. This includes attending class as required by the school and program administration, exhibiting proper behavior during all Rural SSTRIDE activities or related functions, showing respect for authority, following all of Rural SSTRIDE student contract guidelines and policies, while maintaining a high standard in all academic and non-academic classes.

Student's signature _____

Date _____

PARENT OATH

As a parent(s) of an Okaloosa Rural SSTRIDE participant(s), I (we) pledge to commit time and effort toward adhering to the guidelines and policies of this program. This includes attending parent meetings, being an active member in the parent support group and being supportive of my child's involvement in this program.

Parent's signature _____

Date _____



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TRANSPORTATION PERMISSION FORM

The undersigned, as parent or legal guardian of _____ gives consent for the above-named student to be transported by a Rural SSTRIDE Program official and/or an official of West Florida AHEC for all Rural SSTRIDE Program related activities including field trips.

In the event that medical treatment is required, the undersigned parent or guardian consents to finance any and all payment for treatment which may be deemed advisable by qualified physicians selected by any Rural SSTRIDE Program official or West Florida AHEC.

I hereby release and hold harmless the Rural SSTRIDE Program and /or West Florida AHEC, and its employees and agents from actions arising out of Rural SSTRIDE Program events and related activities.

Parent/Legal Guardian Signature

Date

Name of School



**Release of Photographs
for
OKALOOSA RURAL SSTRIDE**

I hereby give permission to Florida State University College of Medicine, the Okaloosa School District and West Florida Area Health Education Center to permit the taking of photographs and/or video of:

Please print student name _____

I also give permission to release this photographic material to the communication media, with the understanding that they may use the photographs and/or video in newspapers, brochures, display boards, magazines, catalogs, television or movies.

Signature of Parent or Legal Guardian

Date

Signature of Student

Date

Witness of Both Signatures

Date

