



RESET – Intake Application

School Name: _____
Student Number: _____

Student Information

Name: (Last) _____ (First) _____

DOB: _____ Age: _____ Grade: _____ Sex: ☐ Male ☐ Female

Race: ☐ African American ☐ White ☐ Indian ☐ Asian ☐ Multi ☐ Other: _____

Address: _____

City, Zip: _____

Teacher: _____ Email Address: _____

Teacher: _____ Email Address: _____

Will student require transportation services: ☐ Yes ☐ No

Parent Information

Name: (Last) _____ (First) _____

Phone Number(s): _____

Email Address: _____

Who is authorized to pick up child from RESET besides listed parent? _____

(ID will be required for anyone to pick up student, including listed parent)

Medical Information

Does the student take medication during the school day ☐ Yes ☐ No

Does the student have diabetes, epilepsy/seizures, asthma, or severe allergies/EpiPen? ☐ Yes ☐ No

If yes, does the student have medications and a health plan at school? ☐ Yes ☐ No

Does student have any known allergies? ☐ Yes ☐ No

Does the student have diet orders on file at school for food allergies or other diet requirements? ☐ Yes ☐ No

Is there any medical condition that the RESET staff needs to be aware of? ☐ Yes ☐ No

Please explain any yes answers _____

RESET Background Information

Days Suspended: _____ Number of Days: _____

Reason for Suspension: _____

During the last year, child has (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Had Services for Behavioral Health | <input type="checkbox"/> Had Services for Learning Disability |
| <input type="checkbox"/> Had In School Suspension | <input type="checkbox"/> Had Out of School Suspension |
| <input type="checkbox"/> Referred for Home Instruction | <input type="checkbox"/> Other: _____ |

Does child demonstrate any aggressive behaviors (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Weapon Possession |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Vulgar Language | <input type="checkbox"/> Bullying Behavior |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Additional information that needs to be shared with the RESET staff: (IEP, 504 Plan, etc.)

Parental Consent:

- The RESET Discipline Plan and Emergency Procedures mirror that of Nash County Public Schools. Any and all infractions will serve the same consequences as outlined in the district handbook. This includes Behavior Violations, Level 1,2,3, and 4, State Policy Codes/Board Policy Reference and School Resource Officer involvement if warranted.
- The parent and student have received and reviewed the RESET guidelines and expectations and agree to adhere to them.
- RESET does not have a dress code, but students are expected to dress appropriately for school settings. (No headwear or sleep wear are allowed)

OPT-IN -YES

- I hereby grant RESET (a partner with NCPS) permission to capture use photographs, videos, audio, and written narratives of my child during instructional school activities throughout the current school year for display and publication in print, video, and/or digital media. Please mark an X if you wish to Opt-in your child.

☐

Parent Name & Signature

Date

If this form was completed by someone else on behalf of the parent & student, please acknowledge with signature and date.

Completed By Name & Signature

Date

PEAR FORM

Purpose, Expectations, Admissions & Release Form

The mission of the Ripple Effects Student Engagement Taskforce (RESET) is to provide a quality holistic approach to education for suspended and expelled students.

RESET serves a three-fold purpose:

- Provide a high-quality learning experience and environment for all students.
- Engage our students who have not been able to connect in their regular classroom setting.
- Partner with Nash County Public Schools, embracing and emphasizing their goals and objectives for student learning.

ADMISSION & ATTENDANCE

- Students are referred to the program by the school principal or its designee. After the referral has been discussed, the parents complete the intake paperwork and process.
- Students earn the privilege of continued enrollment in RESET by complying with its rules, policies, and the program requirements for participants. When the suspension or expulsion ends, students return to their designated home school.
- Students who are successful in the RESET Program will have their absences removed and their suspension changed to an alternative placement absence. Students must complete the program in order to receive credit for the suspension.

STUDENT EXPECTATIONS

- Understand that any misconduct, violations of rules, acts of violence or criminal activity may result in immediate removal from the program.
- Always respect teachers, students, property, and yourself.
- The use of cell phones, I-pods, or electronic devices are prohibited. RESET is a “no cell phone zone.”

PARENT EXPECTATIONS

- Complete all intake forms and paperwork
- Discuss and encourage appropriate behavior/attitude with student for successful completion of program
- Assist students in arriving prepared with a mindset to complete their assigned work

DAILY SCHEDULE

9:00-9:15am	Morning Reflections	9:15-10:30am	Academic Instruction (1)
10:30-10:45am	Break	10:45am-12:00pm	Academic Instruction (2)
12:00-12:30pm	Lunch	12:30-1:00pm	RESET Engagement/Activity
1:00-2:00pm	Academic Instruction (3)	2:00pm	Dismissal

LIABILITY RELEASE

I, the undersigned, do hereby release, forever discharge and agree to hold harmless Ripple Effects, its leaders, directors, employees, volunteers and teachers (collectively herein the “Organization”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred.

I have read and understand the purpose, expectations, and guidelines for RESET and release Ripple Effects from any all liability, claims, and demands as stated above.

Guardian Signature: _____ Date: _____

**Nash County Public Schools
RESET Program
Parental Request, Consent, and Release for Transportation**

I understand and acknowledge that my child, _____, has been referred to the RESET Program as an alternative to suspension. I understand that RESET is operated by an outside agency (Ripple Effects) via a contract with the Nash County Public Schools, and that Ripple Effects will provide transportation for my child's to and from the RESET Program (which is located at 605 Sunset Avenue, Rocky Mount, North Carolina) during the dates of my child's participation in the program. Students who receive transportation from Ripple Effects will be picked up between **7:00-9:00 am** and dropped off between **2:00-4:00 pm**.

By initialing below, I hereby request and give consent for my child to receive transportation from Ripple Effects for the purpose of participating in the RESET Program.

_____ I give permission for my child to ride in a vehicle owned and operated by Ripple Effects and its staff for the express and sole purpose of transporting my child from home to the RESET Program located at 605 Sunset Avenue, Rocky Mount, North Carolina, and from the RESET Program to home each day my child participates in the Program.

RELEASE AND INDEMNIFICATION

By signing this form, I hereby release, to the fullest extent permitted by law, the Nash County Public Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of any damage or injury caused by my child due to Ripple Effects and its agents'/employees' operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this consent and release and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

Student's Name

Parent's Name

Parent's Signature

Date