



**Youth Empowerment for Success (YES) Program**  
**STUDENT ITEMS DUE CHECKLIST**



***BRING THIS FORM ALONG WITH THE FOLLOWING***

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*ID #*

- Student Information Sheet
- Program Agreement with all Signatures
- Parent/Guardian Consent Form (MUST initial all areas)
- Individual Career Plan
- Work Readiness Self-Evaluation
- Two Recommendations (At least one MUST be from a teacher)

**The Putnam County Charter School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to other designated youth groups.**

**Due date: Friday, December 5, 2014**

Date received: \_\_\_\_\_



**Youth Empowerment for Success (YES) Program**  
**STUDENT INFORMATION SHEET**  
 Please *Print Clearly* in Blue or Black Ink **ONLY**



**Basic Student Information**

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID # \_\_\_\_\_

Home Address  
 \_\_\_\_\_

Home Phone # \_\_\_\_\_

Student Cell # \_\_\_\_\_ Student Email \_\_\_\_\_

Parent/Guardian Name 1) \_\_\_\_\_

Parent/Guardian Email 1) \_\_\_\_\_

Parent/Guardian Cell # 1) \_\_\_\_\_ Parent/Guardian Work # 1) \_\_\_\_\_

Parent/Guardian Name 2) \_\_\_\_\_

Parent/Guardian Email 2) \_\_\_\_\_

Parent/Guardian Cell # 2) \_\_\_\_\_ Parent/Guardian Work # 2) \_\_\_\_\_

**Student Life Information**

Extracurricular, Community Service, Volunteer Activities (In and Out of School):  
 \_\_\_\_\_

Awards, Certificates, Projects, and other Recognitions received (In and Out of School):  
 \_\_\_\_\_

Other Interests, Talents, Hobbies:  
 \_\_\_\_\_



# Youth Empowerment for Success (YES) Program PROGRAM AGREEMENT



*The purpose of this agreement is to provide all parties involved a detailed list of responsibilities that are agreed upon for participation in the YES Program.*

**THE YES PROGRAM STAFF WILL:**

1. Serve as liaison between the student, parent/guardian, and YES partners.
2. Assist in academic and occupational instruction of student.
3. Render assistance with educational and training concerns of the student, parent/guardian, and YES partners.
4. Review student individualized development plan (IDP) a minimum of once per semester.
5. Support student growth by providing opportunities for soft skills training and college/career exploration.
6. Conduct exit interview/survey to develop plan of transition into post-secondary.

**YES PROGRAM STUDENT WILL:**

1. Attend school regularly (abide by the attendance policy). Failure to adhere to this part of the agreement may negatively impact the student’s academics and/or disciplinary action may be taken.
2. Represent PCHS and the YES program by demonstrating honesty, punctuality, courtesy, and a willingness to learn.
3. Maintain academic good standing (on track to graduate) and continuously work to meet the minimum requirements for being a YES program completer.
4. Review individualized development plan with YES staff and/or mentor at least once a year.
5. Agree to release information and school related records as it pertains to the YES Program such as academic performance, attendance, discipline, follow-up information, and photo consent.
6. Abide by all terms, conditions, and policies of PCHS and the YES Program - including attending meetings and/or functions.
7. Be responsible for completing all assignments as required by YES Program staff.

**THE PARENT/GUARDIAN WILL:**

1. Encourage the student to carry out effectively his/her duties and responsibilities at both school and YES program activities.
2. Make inquiries concerning the student’s individual development plan (IDP) directly to YES staff as needed.

*I certify that I have read and understand this agreement.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YES Program Staff Signature

\_\_\_\_\_  
Date



# Youth Empowerment for Success (YES) Program PARENT/GUARDIAN CONSENT FORM



Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please initial EACH request to indicate your consent:**

\_\_\_\_\_ **I have read and understand the PCHS student handbook.**

\_\_\_\_\_ **Photo/Media Release:** *I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my student by Putnam County Charter School System or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with this consent, for educational, instructional, or promotional purposes as determined by the district in broadcast and media formats now existing or to be created in the future.*

\_\_\_\_\_ **Student Record Release:** *I authorize the Putnam County Charter School System to release information of the above named student. Information can include current/future data and information pertaining to student enrollment in educational institutions, employment/job status, location(s), certification(s), degree(s), etc. during enrollment period and thereafter. I agree that the Putnam County School System and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the PCHS Principal or YES Program Manager.*

\_\_\_\_\_ **Personally Identifiable Information (PII):** *The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Consent is required for the release of students' personally identifiable information found within academic transcripts and records such as semester grades, attendance, class schedule, current academic standing, residency information, date of birth, student ID and/or Social Security number. I hereby authorize Putnam County Charter School System, and its agents, to release the above mentioned student's information as it pertains to this federally funded grant program. This consent will remain in effect indefinitely, or until the student and/or their parent/guardian notifies the PCHS Principal or YES Program Manager in writing.*

\_\_\_\_\_ **Medical Insurance:** Student is  or is not  covered by medical insurance. (If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program. Contact YES Program Staff if you need more information.)

**Having read with understanding the above, I hereby give my consent to the enrollment of my student in the YES program:**

Name of Parent/Legal Guardian \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# Youth Empowerment for Success (YES) Program

## INDIVIDUAL CAREER PLAN



### **CAREER GOALS:**

1. What are you planning on doing as a life-long career?
2. What career do you see yourself in five years?
3. What interests do you have to support your goal?
4. What skills do you already have that might support your goal? Example: Computer skills, i.e. MSWord.
5. What knowledge do you already have to support your goals? Example: understand the educational requirements to be an accountant.
6. What Career Pathway are you currently pursuing?

### **POST-SECONDARY/GRADUATION PLANS:**

1. What are your plans after graduating from high school?
2. What degree or educational program do you wish to pursue?
3. What is the highest level of education you believe you will need to fulfill your career goals?

High School  
Military Training  
On-the-job Training  
2-Year Technical College  
2-Year State College  
4-Year College or University  
Master's Degree  
Doctorate  
Other (please specify)

4. Where are you planning to continue your education?
5. Have you met the requirements to begin your chosen degree or educational program?



# Youth Empowerment for Success (YES) Program

## WORK READINESS SELF-EVALUATION



Participant Name: \_\_\_\_\_

FOUNDATION SKILL	PERFORMANCE EXPECTATIONS	Improvement Needed (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)
ATTENDANCE	Understanding work expectations for attendance and adhering to them. Notifying supervisor in advance in case of absence.				
PUNCTUALITY	Understanding work expectations for punctuality. Arriving on time for work, taking and returning from breaks on time, and calling supervisor prior to being late.				
WORKPLACE APPEARANCE	Dressing appropriately for position and duties. Practicing personal hygiene appropriate for position and duties.				
TAKING INITIATIVE	Participating fully in task or project from initiation to completion. Initiating interaction with supervisor to ask questions or upon completion of tasks.				
QUALITY OF WORK	Giving best effort, evaluating own work, and utilizing feedback to improve work performance. Striving to meet quality standards.				
COMMUNICATION SKILLS	Speaking clearly and communicating effectively – verbally and non-verbally. Listening attentively. Using language appropriate for work environment.				
RESPONSE TO SUPERVISION	Accepting direction, feedback, and constructive criticism with positive attitude and using information to improve work performance.				
TEAMWORK	Relating positively with co-workers. Working productively with individuals and teams. Respecting diversity in race, gender, and culture.				
PROBLEM-SOLVING/CRITICAL-THINKING	Exercising sound reasoning and analytical thinking. Using knowledge and information from job to solve workplace problems.				
WORKPLACE CULTURE POLICY AND SAFETY	Demonstrating understanding of workplace culture and policy. Complying with health and safety rules. Exhibiting integrity and honesty.				



## Youth Empowerment for Success (YES) Program STUDENT COMPLETER REQUIREMENTS



### **YES – I did it! I am a YES Program completer by accomplishing the following:**

- Met all high school graduation requirements
- Participated in dual enrollment, advanced placement, or post-secondary courses during each year of program enrollment
- Earn passing score for the EMPL1000 course or earned Georgia Department of Labor work ready certificate (GeorgiaBEST)
- Attended at least one career fair or post-secondary institution campus visit
- Completed college or career planning program utilizing Middle Georgia Workforce Investment Board resources
- Participated in at least two job shadowing opportunities
- Applied for at least two internships or to two post-secondary institutions
- Participated in the mentor program
- Participated in a Community Service Learning project each year of program enrollment

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YES Program Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCHS Principal Signature

\_\_\_\_\_  
Date