



# BOSS Club Registration Building Our Social Skills



(Deadline August 26)

FUSE is pleased to announce that our BOSS after school social skills program is available in most Hancock county schools for students in grades 3 through 8 this fall! Well-developed social skills can positively influence academic performance, behavior, social and family relationships, and participation in extracurricular and community activities. BOSS provides instruction in skills that all children need to have successful social interactions with their peers, teachers and neighbors.

Interested families must complete an application and skills rating form, as well as have a skills rating completed by a school or private medical or therapy professional. To be eligible, students must have conversational verbal skills and show needs in at least 3 of the instructional areas, which include: communication, non-verbal communication, being part of a group, expressing your feelings, caring about yourself and others, problem solving, listening, standing up for yourself, and managing conflict. Rating forms from the parent and one professional should be returned with the application form. Students may have an IEP, a 504 plan, or simply be referred by their school or a health care professional. The completed skills rating form can serve as that referral.

**Registration:** Enrollment is limited to 8 participants per site. Deadline to register is August 26. A waiting list will be maintained once 8 applications are received. If openings are still available after August 26, enrollment will continue until the class is full. Families will be notified of application approval by September 3.

**Fee:** \$180 per semester, payable in full or in installments by automatic debit with a credit card. A small number of scholarships MAY be available based on financial need. Please contact FUSE to obtain a scholarship application.

**Schedule:** One day a week (day of week varies by location) for 12 weeks each semester, starting on September 9 (excluding school holidays). Specific schedules will be distributed on the first day of the program. BOSS runs for 75 minutes after the school day ends at your site. Parents are responsible for pick up.

BOSS was made possible by a Big Impact Grant from the Hancock County Community Foundation. For more information, call Denise Arland, Program Coordinator, at 317-462-9064 or email [darland@fuseinc.org](mailto:darland@fuseinc.org).

**Application forms and two (2) ratings forms may be returned by email to [darland@fuseinc.org](mailto:darland@fuseinc.org), by fax to 317-467-0814, or mailed to FUSE, Inc., 1133 W Main St. Ste. E, Greenfield, IN 46140.**

For questions, call Denise Arland, Executive Director, at 317-462-9064 or email [darland@fuseinc.org](mailto:darland@fuseinc.org).

**Clip and Return with two completed ratings forms (one parent, one professional) to:**

Email form to [darland@fuseinc.org](mailto:darland@fuseinc.org) or fax 317-467-0814, or mail to FUSE, Inc., 1133 W Main St. Ste. E, Greenfield, IN 46140.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Can we send program text messages to your mobile phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Names \_\_\_\_\_ Parent Email: \_\_\_\_\_

School attending 2019-20 school year \_\_\_\_\_

Does your child have an IEP or 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's eligibility category for special education services (if any) \_\_\_\_\_

\_\_\_\_ I will pay the full \$180 semester fee in September \_\_\_\_ I want to pay in installments \_\_\_\_ I need a scholarship application

I hereby grant permission for my son/daughter to participate in the activities of the above-named FUSE program. Further, I agree to hold harmless and release FUSE, Inc. and its employees, officers, directors or agents, from any and all liability, claims, and actions arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant. I also hereby grant permission for FUSE to use program photos of my child for promotional purposes in written publications or electronic media. If photo permission is not granted, express direction shall be noted below my signature on this document.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## PICK UP AUTHORIZATION

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent phone \_\_\_\_\_

Please list any individual who is authorized to pick up your child, including yourself. The above-named student will not be permitted to leave the program with anyone who is not listed below. I authorize the following responsible persons to pick up my child from the program:

### AUTHORIZED PICK-UP PERSON:

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- The “Authorized Pick-Up Person” may be asked to provide a photo ID.
- Please note that children must be picked up by designated times
- This authorization and notification shall remain in force until edited or rescinded in writing by the signers
- Thank you for understanding and helping to ensure the safety of our participants!



Authorized by:

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

\_\_\_\_\_  
Date

## FOOD ALLERGY NOTIFICATION

Snacks will be served weekly during BOSS. Please list any food allergy/intolerances you'd like us to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Or mail to FUSE, 1133 W Main St. Ste E, Greenfield IN 46140



## BOSS Pre / Post Skills Assessment

Student Name: \_\_\_\_\_ School \_\_\_\_\_

Name of Rater: \_\_\_\_\_ Phone# \_\_\_\_\_

Agency & Title (if not parent) \_\_\_\_\_

Rater Role:            Caregiver / parent \_\_\_\_\_            Provider / Teacher \_\_\_\_\_

**Please rate all items on a scale from 1 to 10.    1 = Very poor    10 =Excellent**

### Verbal Communication:

1. How well does the student use general verbal communication skills. (Do they introduce themselves and have back and forth conversations?)  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)
2. How well are they able to give and receive compliments?  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)

### Non-Verbal Communication:

1. How well does the student use general non-verbal communication skills. ( Can they maintain eye contact, respect personal space, manage appropriate voice volume?)  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)
2. How well does the student interpret body language and identify emotions in others?  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)

### Being Part of a Group:

1. How well does the student understand being a "team player"?  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)
2. How well does the student understand the difference between other group members and "true friends"?  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)

### Expressing Feelings:

1. How well does the student identify and express feelings?  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)
2. How well does the student show empathy towards others?  
(Very Poor)    1    2    3    4    5    6    7    8    9    10    (Excellent)



## **Cares about Self and Others:**

1. How well does the student seek help when needed?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)
2. How well does the student demonstrate caring, kindness, and respect for others?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

## **Problem Solving:**

1. How well does the student consider alternatives when faced with a problem?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)
2. How well does the student learn from mistakes?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

## **Listening:**

1. How well does the student follow directions?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)
2. How well does the student listen to instructions?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

## **Standing up for Self:**

1. How well does the student deal with teasing and resist group pressure?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)
2. How well does the student assert themselves and release anger safely?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

## **Managing Conflict:**

1. How well does the student resolve conflicts calmly, and accept another's point of view?  
(Very Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)
2. How well does the student use skills such as compromising, negotiating, mediating, and fair fighting?  
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