

APPROVED

180031

AGREEMENT / CONTRACT REVIEW FORM

BOARD MEETING DATE: JULY
WHEN BOARD APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED

Date Submitted: 6/22/17
 Contact Name (Person Overseeing the Contract): MICHAEL MCADLEY Telephone Number: 529-4995
 School/Department Submitting Contract: CLIMATE AND CULTURE
 Vendor Name: CLAY ACTION COALITION
 Contract Title: FAMILY EDUCATION PROGRAM (FEP)
 Contract Type: New Renewal Amendment Extension
 Date Original Contract Approved: _____ Prior Year's Pricing: 13500.00
 Contract Term: ONE YEAR Renewal Option(s): _____
 Contract Cost: 15110.00 Payment Schedule (Are the payments made monthly, when task is finished, etc.): 3177.50 PER QUARTER / QUARTERLY
 Funding Source: 0100.5100.0310.9104.1234 (last year funding line)

Strategic Plan Tie-in Explanation: _____

Background/Discussion/Research/Alternatives: FEP is a critical part of the overall intervention related to drugs and alcohol infraction. The program requires family participation. Over 3,500 participants were involved with the program last year.

CONTRACT REVIEW REQUIRED DOCUMENTS ATTACHED If more space is needed, please attach Word document.

- Completed Contract Review Form
- Original Contract and all Terms & Conditions that apply with the Contract
- SIGNED SBCC Addendum A *
*This Statement MUST BE written on Original Contract; The terms and conditions included in Addendum A shall be incorporated into this agreement. If there are any conflicts in the language provided in the agreement and that of Addendum A, then the language provided in Addendum A shall prevail.
- Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:
COI must list the School Board of Clay County as Additional Insured and as Certificate Holder. Insurer must be rated as A- or better.
 General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.
 Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).
 Workers' Compensation = \$100,000 Minimum [If exempt from Workers' Compensation Insurance they must sign a SBCC Release and Hold Harmless Form. If they are not exempt; they must provide Workers' Compensation COI.]

MAY 22 2017
PURCHASING

Approvals	Comments	
Superintendent:	Approved	Denied
Review Date:	<i>[Signature]</i>	
District Attorney:	Approved	Denied
Review Date:	<u>6/19/17</u>	
Information & Technology:	Approved	Denied
Review Date:	<u>6/20/17</u>	
Finance:	Approved	Denied
Review Date:	<u>6/26/17</u>	
Insurance Certificate:	Approved	Denied
Review Date:	<u>6/19/17</u>	<u>As W/C exempt - all employees should sign release of hold harmless</u>
Purchasing:	Approved	Denied
Review Date:	<u>6/15/17</u>	<u>LONG Standing Agreement</u>

**AGREEMENT FOR PREVENTION AND EARLY INTERVENTION
EDUCATIONAL SERVICES PROVIDED IN THE (NIGHT-TIME) FAMILY
EDUCATION PROGRAM**

The School Board of Clay County, Florida (SBCC) through the Division of School Climate and Culture hereby enters into this Agreement with CLAY ACTION COALITION, INC. and states:

WHEREAS, it is the intent of The School Board of Clay County, Florida (hereinafter "School Board") to contract for the delivery of prevention education services for the night-time family education program which is utilized by secondary schools in Clay County as an alternative to suspension program, and

WHEREAS, CLAY ACTION COALITION, INC. (hereinafter "Contractor"), is a qualified Prevention Provider Company that is able to meet the needs of the School Board and to provide prevention and early intervention educational services under the terms and conditions as contained herein,

IT IS THEREFORE AGREED by and between the parties as follows:

1. **TERM OF AGREEMENT:** Prevention Education Services provided by Contractor shall commence on August 29, 2017 through June 5, 2018 and may be extended for a period of one (1) year by mutual written agreement of the parties.
2. **TERMINATION:** This Agreement, or parts of this Agreement, may be terminated by either party at any time, upon no less than thirty (30) days written notice to the usual mailing address of either party.
3. **CONTRACTOR Agrees:**
 - a) Contractor shall provide trained prevention educators to deliver research-based proven effective prevention educational services one night per week for 36 weeks beginning August 29, 2017, to student and parent/guardian as stated in the behavioral contract initiated by the school.
 - b) Contractor shall collaborate as needed with school administrators, parents, and student services representatives to support the needs of each individual student.
 - c) Contractor shall provide program implementation results (pre-post survey data) to be used for assessing program outcomes.
 - d) Contractor further insures that no services will be denied or delayed to anyone on the basis of race, creed, color, or national origin, age, sex, or socio-economic status.
 - e) Contractor will comply with the requirements of the Jessica Lunsford Act and Florida Statutes 1012.465, 1012.467 and 1012.467 by requiring that all "Contractor" personnel who come in contact with students, or who enter upon any SBCC school campus where students are present, are fingerprinted and have passed a Level II background check at no cost to the SBCC.
4. **SBCC agrees:**

- a) To designate a representative to coordinate with the contractor in reference to providing names of participants on a weekly basis so that necessary preparations for the delivery of services is adequately maintained.
- b) To provide classroom space located at 2306 Kingsley Ave. Orange Park, Bldg. 16 Main Room one night per week for 36 weeks for the delivery of proven effective substance use prevention curriculum.

- c) To pay the Contractor an amount of:

Instructional Rate:

$\$75/\text{per hour} \times 2.5 \text{ hrs/night} \times 36 \text{ nights} \times 2 \text{ prevention educators} = \$ 10,800.00$

Curriculum materials, Participant booklets:

$\$1.00/\text{student workbook} \times 150 \text{ participants per year avg.} = \$1,500 + \$200 \text{ S/H} = \$1,700.00$

Consumable Supplies: (parent/student informational packets, surveys and certificates)

$\$3.00/\text{participant} \times 150 \text{ participants per year avg.} = \450.00

Administrative Cost: (includes teachers' lesson preparation and costs for administrative time needed to accomplish communication to parent/school, development of certificates to be handed out to parent and students upon completion of program, compiling pre/post data as well as updating weekly sign-in sheets and logs of participants).

$3 \text{ hrs/week} \times \$20/\text{hr} \times 36 \text{ weeks} = \$2,160.00$

Total Contracted Services = \$15,110.00 (See Attachment 1)

- 5. **INSURANCE:** During the term of this contract, Contractor shall procure and maintain with a carrier authorized to do business in Florida and acceptable to the School Board public liability and malpractice insurance coverage in the following amounts: Two Hundred Thousand Dollars (\$200,000) per person; Five Hundred Thousand Dollars (\$500,000) per occurrence with One Million Dollars (\$1,000,000) umbrella coverage from a carrier with a rating of A- or greater. The School Board shall be named as an additional insured as well as a certificate holder under the Contractor's Professional Liability Insurance Policy. In addition, the Contractor shall, unless otherwise exempted by Florida Statutes, maintain workers' compensation insurance that fully complies with the Florida Workers' Compensation Law. In case any employee engaged in work under this contract is not protected under the Workers' Compensation Statute, the Contractor shall provide adequate insurance for the protection of its employee not otherwise protected. As evidence of such coverage, Contractor shall furnish the School Board with a Certificate of Insurance prior to commencing services under the Contract. Contractor shall provide for a minimum of thirty (30) days' written notice to the School Board of any change or cancellation of said insurance.
- 6. **INDEMNIFICATION:** Notwithstanding any contrary contractual language, nothing in any agreement shall be construed or interpreted to increase the scope or dollar limit of the School's or School Board's liability beyond that which is set forth in 768.28 Fla. Stat., or to otherwise waive School's or School Board's sovereign immunity, or to require School or School Board to indemnify the vendor or any other person, corporation or legal entity of any kind or nature whatsoever for injury or loss resulting from any acts other than the negligent acts of School or School Board or its agents or employees. Vendor shall, in addition, to any other statutory or common

law obligation to indemnify the School Board of Clay County, Florida, indemnify, defend and hold harmless the School Board of Clay County, Florida, its agents, officers, elected officials and employees against all claims, actions, liabilities, damages, losses, costs, fines punitive damages and expenses of any kind or nature whatsoever, including but not limited to attorney's fees and legal costs, brought against the School Board of Clay County, Florida, and/or its agents, officers, elected officials, employees and assigns, by any individual, corporation, consortium or any other legal person or entity, arising out of or caused by acts or omissions, negligence, recklessness, intentional wrongful misconduct, violations of laws, statutes, ordinances, government administration orders, rules or regulations of the contractor, contractor's employees, officers, agents, subcontractors, sub-subcontractors, material man or agents of any tier or their respective employees. This indemnification clause shall not be construed to require any indemnitor to indemnify the School Board of Clay County, Florida, for any negligence on the part of the School Board of Clay County, Florida, its agents or employees.

The indemnification obligations hereunder shall not be subject to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workers' compensation acts, disability benefits acts, other employee benefit acts or any statutory bar.

This indemnification/hold harmless provision shall survive the termination of this and any other contract with the School Board.

IN WITNESS THEREOF, the above mentioned parties have caused this Agreement to be executed by their duly authorized officials on the day and year below written.

CLAY ACTION COALITION, INC.

SCHOOL BOARD OF CLAY COUNTY,
FLORIDA

Donna Wethington, Executive Director

Janice Kerekes, Chair

Date: _____

Date : _____

Attachment 1

Clay Action Coalition, Inc. Payment Schedule

August 29, 2017 through June 5, 2018

Amount of \$15,110.00 to be paid in four equal payments of \$3,777.50 according to the following schedule:

Completion of FEP Sessions - 1 st quarter	November 15, 2017	\$3,777.50
Completion of FEP Sessions - 2 nd quarter	February 15, 2017	\$3,777.50
Completion of FEP Sessions - 3 rd quarter	April 15, 2018	\$3,777.50
Completion of FEP Sessions - 4 th quarter	June 15, 2018	\$3,777.50

ADDENDUM A

Notwithstanding any contrary contractual language, nothing in any agreement shall be construed or interpreted to increase the scope or dollar limit of the School's or School Board's liability beyond that which is set forth in 768.28 Fla. Stat. , or to otherwise waive School's or School Board's sovereign immunity, or to require School or School Board to indemnify the vendor or any other person, corporation or legal entity of any kind or nature whatsoever for injury or loss resulting from any acts other than the negligent acts of School or School Board or its agents or employees. Vendor shall, in addition to any other statutory or common law obligation to indemnify the School Board of Clay County, Florida, indemnify, defend and hold harmless the School Board of Clay County, Florida, its agents, officers, elected officials and employees against all claims, actions, liabilities, damages, losses, costs, fines punitive damages and expenses of any kind or nature whatsoever, including but not limited to attorney's fees and legal costs, brought against the School Board of Clay County, Florida, and/or its agents, officers, elected officials, employees and assigns, by any individual, corporation, consortium or any other legal person or entity, arising out of or caused by acts or omissions, negligence, recklessness, intentional wrongful misconduct, violations of laws, statutes, ordinances, government administration orders, rules or regulations of the contractor, contractor's employees, officers, agents, subcontractors, sub-subcontractors, material man or agents of any tier or their respective employees. This indemnification clause shall not be construed to require any indemnitor to indemnify the School Board of Clay County, Florida, for any negligence on the part of the School Board of Clay County, Florida, its agents or employees.

The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workers' compensation acts, disability benefit acts, other employee benefits acts or any statutory bar.

This indemnification/hold harmless provision shall survive the termination of any contract with the School Board of Clay County, Florida.

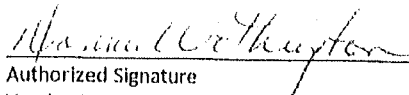
The venue for litigation of disputes shall only be in the State of Florida and venue shall be in state courts located in Clay County, Florida.

Employees of Vendor shall, at their own expense, submit to and pass a fingerprint based background check as required by F.S. 1012.465 prior to having any direct contact with students in furtherance of this agreement or entering upon school grounds when students are present. In the alternative, School may, in accordance with F.S.1012.468, exempt Vendors employees from this requirement only if Vendors employees are, at all times, under the direct line of sight supervision of a School employee who has submitted to and passed a level 2 background check. Vendor may satisfy the requirement for a background check by supplying School proof that Vendor employees have passed such a screening for another school district and that said background check is still valid.

Charter Bus Companies shall only provide drivers who have completed the above process. Charter Bus Companies shall provide drivers names to school at least two (2) working days prior to scheduled date of service for verification that the driver has passed a fingerprint background check and is on the School Board's approved listing.

Vendor must provide a Certificate of Insurance. Certificate of Insurance must have an A- or better rating and carry General Liability and Workers' Compensation. Certificate of Insurance must make the School Board of Clay County an additionally insured as well as the Certificate Holder.

In the event sufficient budgeted funds are not available for a new fiscal period, the purchasing department shall notify the vendor of such an occurrence and any resulting contract shall terminate on the last day of the current fiscal period without penalty or expense to the School Board.



Authorized Signature
Vendor Name

5/18/2017

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
6/7/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RON ROBERTS & ASSOCIATES 2108 Park Ave #101A Orange Park, FL 32073 A222340	CONTACT NAME: Ann Spadea
	PHONE (A/C No. Ex): (904) 269-3377 FAX (A/C, No.): (904) 269-6799
	E-MAIL ADDRESS: annsrra@ronrobertsinsurance.com
	INSURER(S) AFFORDING COVERAGE A NAIC#
INSURED CLAY ACTION COALITION INC 1279 Kingsley Avenue, Suite 116 ORANGE PARK, FL 32073	INSURER A: Covington Specialty Ins. Co
	INSURER B: Nautilus Insurance Company
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		VBA503829 00 HLNVD-C	11/13/2016	11/13/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						/MED EXP (Anyone person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ANYAUTO						Directors & Officers \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR			AN031447	9/12/2016	11/13/2017	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	DED RETENTIONS \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		N/A				AGGREGATE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$
							PER STATUTE \$
							OTHER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as additional insured

CERTIFICATE HOLDER

CANCELLATION

School Board of Clay County
900 Walnut Street
Green Cove Springs, FL 32043

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

1 / 1

100%



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 8/12/2016 **EXPIRATION DATE:** 8/12/2018

PERSON: WETHINGTON DONNA

FEIN: 262995637

BUSINESS NAME AND ADDRESS:

CLAY ACTION COALITION, INC.

2306 KINGSLEY AVENUE

ORANGE PARK FL 32073

SCOPES OF BUSINESS OR TRADE:

SOCIAL SERVICES
ORGANIZATION-A

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609



Addison G. Davis
Superintendent of Schools

SCHOOL BOARD OF CLAY COUNTY

900 Walnut Street
Green Cove Springs, Florida 32043

Telephones:
904/284-6500 (GCS) 904/272-8100 (OP)
1-888-663-2529 (KH)
FAX 904/284-6525 TDD 904/284-6584

BOARD MEMBERS:

Janice Kerekes
District 1
Carol Studdard
District 2
Betsy Condon
District 3
Mary Bolla
District 4
Ashley Gilhousen
District 5

RELEASE AND HOLD HARMLESS AGREEMENT

READ THIS FORM CAREFULLY - IT CONTAINS A FULL AND COMPLETE RELEASE OF LIABILITY

Name of Adult Participant (please print): Donna Wethington

Date of Birth: 02/28/1958

By signing below I hereby confirm that I am electing to participate in the Family Ed Program being offered at OPHS-Adult & Community Ed School.

I certify that I have no health problems or physical infirmities which impair my ability to participate in the named event or any associated physical activity (strenuous or other). I know and acknowledge that there are risks involved in all activities including those associated with this one, which risks include the possibility of serious physical injury and death, and I choose to accept all responsibility for my safety and welfare while participating in this activity.

With full understanding of the risks involved in the Educational activities, I hereby release and hold harmless OPHS-Adult & Community Educational Center School, the School Board of Clay County, Florida, employees or agents of the School Board, the adults and sponsors of the activities, the volunteers, and any and all other personnel associated with the activity from any and all responsibility and liability for any injury resulting from participation in the above-described activities.

If I am injured and unable to seek medical treatment, I further authorize emergency medical treatment for me should the need arise for such treatment while I am participating in this activity and agree to be responsible for all costs arising from said emergency medical treatment.

READ THIS FORM CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE ACKNOWLEDGING THAT THERE IS A CHANCE YOU COULD BE INJURED OR KILLED IN THIS ACTIVITY. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO RECOVER DAMAGES FROM THE SCHOOL, THE SCHOOL BOARD, ANY SPONSORS, OR OTHERS WHO SUPERVISE YOU IN THIS ACTIVITY AND ANY PERSONNEL ASSOCIATED WITH THIS ACTIVITY IN THE EVENT YOU SUFFER SERIOUS PERSONAL INJURY OR DEATH. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM. YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE ACTIVITY IF YOU REFUSE TO SIGN THIS FORM. BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND ITS TERMS AND KNOW THAT IT CONTAINS A RELEASE OF LIABILITY.

Donna Wethington Date: May 26, 2017
Signature

Innovate

Engage

Empower

"An Equal Opportunity Employer"



**SCHOOL DISTRICT OF CLAY COUNTY
2017-2018
FAMILY EDUCATION PROGRAM
PARENT/STUDENT CONTRACT**

I have read and understand the explanation of the program requirements. I agree to attend all six lessons (one night a week for six weeks) of the Family Education Program. I understand that the original disciplinary action has been modified based on anticipated completion of this program. I understand that should I fail to complete the program the original prescribed disciplinary action will be revisited. I also understand that if an additional Level III or Level IV offense (with a 10 day out-of-school suspension consequence) is committed during the course of this program, or after the completion of this program, the maximum consideration in the Code of Conduct will be enforced.

Session Dates listed below are held Tuesday evenings for six weeks

<u>Session I</u>	<u>Session II</u>	<u>Session III</u>	<u>Session IV</u>	<u>Session V</u>	<u>Session VI</u>
Aug 29	Oct 10	Nov 28	Jan 30	Mar 20	May 1
Sept 5	Oct 17	Dec 5	Feb 6	Mar 27	May 8
Sept 12	Oct 24	Dec 12	Feb 13	Apr 3	May 15
Sept 19	Oct 31	Jan 9	Feb 20	Apr 10	May 22
Sept 26	Nov 7	Jan 16	Feb 27	Apr 17	May 29
Oct 3	Nov 14	Jan 23	Mar 6	Apr 24	Jun 5

SECONDARY STUDENT ONLY

**Orange Park High School Annex Building 16, Main Room
2306 Kingsley Avenue**

Tuesday evenings from 6:30-8:00 P.M. for a total of six weeks

____ Violation of Student Code of Conduct

or

____ Voluntary Placement

Parent/Guardian Signature

Date

Mailing Address

Home Phone

Cell Number

City, Zip Code

Work Number

Student Name Printed: _____

First

Middle

Last

Student Signature

Date

Grade

School

Administrator's Signature

School

The next session is Tuesday/Date: _____

Original – Student Services

Copy 1 – School

Copy 2 – Parent

**FAMILY EDUCATION PROGRAM
2017-2018**

An alternative-to-suspension program offered to secondary students for a code of conduct violation.

The Family Education Program for students (grades 6-12) and parent/guardian is designed to improve decision-making skills, communications skills, peer pressure/refusal skills, anger control, increase drug awareness and examine healthy ways to deal with stress. Although school-based prevention programs are important, they are only a part of the prevention package that is needed. Students spend a great deal of time in school, but families and communities are also critical learning environments. Studies show that when families are involved, students are twice as likely to remember and use the skills they are taught.

This instructional program utilizes a comprehensive drug and violence prevention curricula called *Too Good for Drugs and Violence*. The lessons are taught one night per week for 6 weeks (Tuesday evenings) from 6:30pm-8:00pm at the Orange Park High School Annex/Teacher Learning Center. The student and parent/guardian attend all six sessions together. If the student and parent/guardian cannot attend a session, it should be for an acceptable reason. The parent should notify the program facilitator that they will be unable to attend and the reason for their absence prior to the missed session. This program is a component of the student's behavioral contract and must be completed as described.

Session

One	Goal Setting Underage tobacco/alcohol use	*Demonstrate setting reachable goals *Discuss negative effects of underage tobacco and alcohol use on achieving goals.
Two	Decision – Making Communication Styles	*Demonstrate effective decision making. *Recognize the importance of assertive communication in a peer pressure situation.
Three	Managing Emotions Respect for Self and Others	*Discuss the role of choice in handling emotions. *Differentiate between healthy/unhealthy relationships.
Four	Drug Prevention Education (Tobacco/Alcohol/Marijuana)	*Discuss physical, mental, social, emotional & legal consequences of drug usage.
Five	Drug Prevention Education (cont.)	*Continue to discuss the consequences of drug usage and identify the progressive, predictable stages of drug addiction.
Six	Maximizing Life, Minimizing Stress Staying Safe, Healthy, and Drug-Free	*Differentiate between healthy and unhealthy ways to cope with stress. *Reinforce the knowledge, motivation, and action steps to move toward a healthier, tobacco-free, and other drug-free lifestyle.

Orange Park High School Annex Building 16, Main Room
2306 Kingsley Avenue, Orange Park 32073
Tuesday evening from 6:30-8:00 PM for a total of six weeks

CONTACT DESIGNEE: