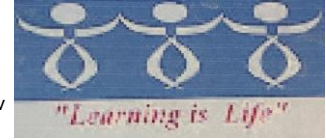




# Chemehuevi Education Center

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## CTEC HHP POLICIES AND REGISTRATION

### Section 1: Communication

The direct communication between the CTEC Staff, NUSD Teacher(s), Student and the Parent/Guardian of the student is essential for the well-being and success of the student's education.

### Section 2: Eligibility

All students residing in the Havasu Lake Community are eligible to participate in the Chemehuevi Tribe Education Center Homework Help Program *CTEC HHP*.

### Section 3: FERPA Authorization of Release of Information Form:

A FERPA Authorization of Release of Information form must be on file signed by the Parent/Guardian of the student.

### Section 4: The Homework Help Program HHP:

The Homework Help Program *HHP* runs at the Chemehuevi Tribe Education Center *CTEC* Monday through Friday each weekday that school is in session until 6:00PM (AZ time). At promptly 2:30PM (AZ time) and 12:30 pm (Az time) Wednesdays, the students registered in Section 5. below are monitored at CTEC and are required to sign in and sign out each day while participating in the HHP. Students are not permitted to leave the HHP unless authorized in Section 5. below, or there is an emergency. *Please review HHP OPERATING PROCEDURES handout.*

- 4. A. All homework sessions are monitored by one or more CTEC Staff each day; all homework is checked by CTEC Staff, and each assignment is initialed in the upper right-hand corner. *(Parents must check work and initial CVES form daily).*
- 4. B. Once the student has completed their daily homework, they engage in educational activities in many areas including but not limited to practice in penmanship, working on science projects, art activities, educational games, STEM activities, computer work, reading, book reports, and seasonal activities all of which are monitored by CTEC staff.
- 4. C. A snack will be offered to those students completing their work in the HHP at the Chemehuevi Community Center, (transportation provided for grades K-2, grades 3-5 may walk there and back at the designated snack time in the CTEC HHP Program). If the student does not have Homework on any given day, they are encouraged to read for thirty (30) minutes, in lieu of homework. If your child has an allergy, please make sure to provide that information in Section 5. below.
- 4. D. Any student not following the rules of CTEC HHP and/or interrupting the structure within the HHP will be given a chance to correct his/her behavior. If the issue persists the student may be asked to leave CTEC for a specific period of time, the parent/guardian will be called immediately. Any student consistently displaying behavioral issues may be asked not to return to the HHP for a specific period of time, the parent/guardian will be called immediately.
- 4. E. The CTEC Staff keep a student file with academic activity and progress logged for all students registered in the HHP. CTEC Staff may refer your student for CTEC One-on-one Tutoring Services and or NUSD CVES services. This requires a separate registration initiated by a referral from CTEC Staff.

### Section 5: Homework Help Program HHP Registration:

Initial below indicating agreement:

- STUDENT IS PERMITTED TO HAVE ACCESS TO WI-FI FOR USE ON PERSONAL DEVICES.  
**PLEASE CHOOSE EITHER OPTION 1 OR 2:**
- 1. STUDENT IS PERMITTED TO LEAVE CTEC AFTER HOMEWORK IS INITIALED BY CTEC TUTOR.
- 2. STUDENT IS **NOT** PERMITTED TO LEAVE CTEC HHP. STUDENT IS TO BE PICKED UP BY A PARENT/GUARDIAN OR ONE OF THE EMERGENCY CONTACTS LISTED BELOW.
- FERPA AUTHORIZATION OF RELEASE OF INFORMATION FORM IS FILLED OUT BY PARENT/GUARDIAN AND ATTACHED TO REGISTRATION PAPERWORK.
- IN THE CASE OF A MEDICAL EMERGENCY CTEC STAFF IS AUTHORIZED TO SEEK EMERGENCY MEDICAL HELP FOR THE STUDENT. INSURANCE INFORMATION IS ATTACHED. DESCRIPTION OF KNOWN ALLERGIES RECORDED BELOW.

PARENT/GUARDIAN: Last Name		First Name	Middle Name
Mailing Address		City	State Zip
Physical (if different from above)		City	State Zip
Email Address		Cell	
EMERGENCY CONTACT		CELL	RELATIONSHIP
STUDENT: Last Name		First Name	Middle Name
YES / NO			
GRADE	ALLERGIES/MEDICAL CONCERNS : IF YES EXPLAIN ABOVE		

Parent/Guardian Signature

Date

Original signatures required. PLEASE Include all documents/forms and initial to acknowledge agreement.  
**Please keep a copy for your file.**