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Referral Form – Page 1

(Please print clearly for all information below.)

Full name of student: _____

(Please include full hyphenated last name)

Current Grade _____ Current Age _____ Female _____ Male _____

Alcohol-related? _____ Marijuana? _____ Other (Describe): _____

Reason for Referral (Please give a short description)

Referral from **(please check one)**:

School

Court

Self/Parent

Name of School: _____

Name of person referring: _____

Email: _____ Phone: _____

Dates of student program: Month: _____ Days: _____

Date of parent program: Wed./Fri.: _____ Sat.: _____ Booster session: _____

Does the student speak and read English? _____ yes _____ no

If no, what language? _____

Has the student been referred to/attended Second Chance before? _____ yes _____ no

If yes, by what referral source: School Court Self/Parent

Parent/guardian name(s): _____

Parent/guardian address/zip code: _____

Parent/guardian phone: Home: _____ Work: _____

Cell: _____

Parent/guardian email(s): _____



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Referral Form – Page 2

(Please print clearly for all information below)

Preferred way to reach parent/guardian (check the one that you will look at for important messages):

Email Text to cell phone Call cell phone Call home phone Call work phone

Parent/guardian primary language: _____

Will the parent/guardian need an interpreter? _____ yes _____ no

Signature of parent/guardian: _____

Printed Name: _____ Date: _____

Signature of person referring: _____

Title: _____

Printed Name: _____ Date: _____



Dear Parent or Guardian,

Welcome to the Second Chance Program. Our goal is to provide an educational experience that will help your child review his/her relationships, understand the harmful effects of using prohibited substances and what led him/her to do so, and change his/her behavior. Successful completion requires all three of the following.

3-Day Student Program:

Your child is required to attend a 3-day early intervention, substance use education program. He/she will take the Substance Abuse Subtle Screening Inventory (SASSI) on Day Two of the program (more information regarding the SASSI can be found at: www.sassi.com).

- **When:** (dates): _____
- **Time:** 8:45 a.m.-3:45 p.m. Arrive between 8:30 and 8:40 a.m.
- **Where:** Syphax Education Center, ____ Room 227/____ Room 171, 2110 Washington Boulevard, Arlington, VA (see last page of this packet for map and directions).
- **Food:** Students must bring their own lunch. Water and snacks will be provided.

Parent/Guardian Program:

Parents/guardians are required to attend a 3-hour program during the week their child attends Second Chance:

- **When:** Wednesday (or Friday, depending on the student dates), 6:30-9:30 p.m.
- **Where:** Stambaugh Health Services Center (DHS), Lower Level, Room C, 2100 Washington Boulevard, Arlington, VA (entrance is directly across the street from the student program).

➤ **OR**

- **When:** Saturday, 9:00 a.m.-12:00 p.m.
- **Where:** Stambaugh Health Services Center (DHS), Lower Level, Room C, 2100 Washington Boulevard, Arlington, VA (entrance is directly across the street from the student program).
- **Food:** We provide some snacks and water. You are also welcome to bring your own food.

Booster Session:

You and your child are required to attend a follow-up booster session approximately 6 - 8 weeks after the 3-day program:

- **When:** Monday, _____
- **Time:** A 15-minute appointment between 6:30 and 9:30 p.m. (specific time to be determined)
- **Where:** Stambaugh Health Services Center (DHS), Lower Level, Rooms B & C, 2100 Washington Boulevard, Arlington, VA (entrance is directly across the street from the student program).
- **Food:** We will provide pizza and water. You are also welcome to bring your own food.

We look forward to working with you soon. Please let us know if you have any questions.

Sincerely,

Alvaro Alarcon
Transitions...the Process for Change
Aalarcon_transitions@yahoo.com
202-644-6812



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Check-List for Parents and Guardians

Date: _____

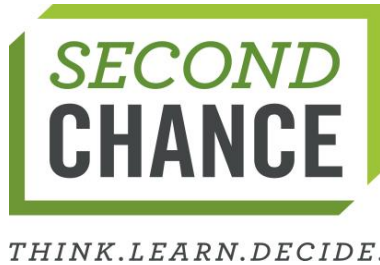
Instructions for Referral Source:

1. Keep signed originals of the Referral, Consent, and Emergency Contact Forms.
2. Give Parent/Guardian a copy of each of the signed forms.
3. Send a copy of each of these forms by scan or email to: **Kelly Decker** (kdeckertransitions@yahoo.com).

Instructions for Parent or Guardian:

Check the boxes below when you have received a copy of each document

- 1. Referral Form (2 pages)
- 2. Welcome Letter
- 3. Consent Form for Participation
- 4. Emergency Contact Form
- 5. School Attendance Reminder/Substance Abuse Counselor Listing
- 6. Location Information Sheet



Consent for Participation and Release of Information

Second Chance is a 3-day early intervention substance use education program provided in Arlington, Virginia. It is available to Arlington youth found in possession or under the influence of alcohol, marijuana, and/or certain other substances (for school referrals, “other substances” includes vaping). The educational components of the program help students review their relationships, understand the harmful effects of using prohibited substances and what led them to do so, and change their behavior. The program is held at the **Syphax Education Center, 2110 Washington Boulevard, Arlington, VA.** three consecutive school days from 8:45 a.m.-3:45 p.m.

I hereby give my consent for my child, _____, to participate in the 3-day Second Chance Program and the subsequent Booster session.

Requirements for successful completion:

- Students must attend all three days of the student program and the follow-up Booster session, which is held approximately 6-8 weeks after the 3-day program.
- Parents/guardians must attend a 3-hour parent/guardian program the week of the students’ 3-day program and the follow-up Booster session. Parents have the option of attending on either Wednesday from 6:30-9:30 p.m. OR on Saturday morning from 9:00 a.m.-12:00 p.m. (unless otherwise noted). Information about the Booster session time and location will be confirmed at the end of the parent program.
- No students or other children are permitted to attend the 3-hour parent/guardian program.
- Students need to arrive between 8:30 and 8:40 a.m. and be prepared to start the session on time. Parents also must arrive on time for their program, and both students and parents must arrive on time for their allotted Booster session.
- Both students and parents/guardians are responsible for their own transportation. If you cannot transport your child to the Syphax Education Center or otherwise arrange transportation for your child, please advise your referral source or your school’s Assistant Principal.
- Students are required to bring their own lunch. Snacks and water will be provided.
- Students are expected to pay attention and participate fully at all times.
- Students and parents/guardians must be respectful of the program facilitators and other participants at all times.
- Students must not be under the influence of any substances during any part of the program.

- Students will not be able to use their phones or computers during the programs. All phones will be placed in a basket upon arrival and returned when the students leave for the day. If parents need to reach their teen, they should contact Alvaro Alarcon at: 202-644-6812.

Any infraction of these requirements, including late arrival, may result in dismissal from the program. If a participant is dismissed from the program for any reason, court and school consequences may be implemented.



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Except as otherwise noted, my signature below indicates that I understand and agree with each of the following statements:

- Participation in the Second Chance Program is strictly voluntary.
• For school referrals: I understand that my child will complete a Substance Abuse Subtle Screening Inventory (SASSI) and that the results will be shared with me, my child, the referral source, and the Substance Abuse Counselor at my child’s school.
• For court and self-/parent referrals: I give consent for Second Chance to contact the Substance Abuse Counselor at my child's school to notify him/her about this referral. Yes ____ No ____
• For court and self-/parent referrals: I give consent for Second Chance staff to communicate with my child’s School Substance Abuse Counselor regarding any additional need for services and resources. Yes ____ No ____
• I understand that, if my child does not adhere to the program and behavior requirements, he/she may be dismissed from the Second Chance Program. If this occurs, I will need to pick him/her up from the Syphax Education Center and he/she may be subject to school suspension or court involvement.
• I further understand that if my child is dismissed from Second Chance and I am not able to pick him/her up from the Syphax Education Center, he/she may be returned to school via Red Top Cab.

* * * * *

- I have read the above terms, and I agree on behalf of myself and my child to abide by them for successful completion of the Second Chance Program as set forth by Arlington Public Schools and/or Arlington Juvenile Court, and the Second Chance provider, including participation in the Parent/Guardian program and the Booster Session.
• I release and discharge Second Chance Arlington, the contracted instructors, and the Partnership for Children, Youth, and Families Foundation and its board members from and against all claims and losses of any type arising out of or relating to my child’s participation in the program.

Signature of parent/guardian: _____

Printed Name: _____ Date: _____

Signature of student: _____

Printed Name: _____ Date: _____

Signature/Title of person referring: _____

Printed Name: _____ Date: _____



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Emergency Contact Form

Student's Name: _____

Student's Personal Contact Information:

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell # _____

Email: _____

Emergency Contact Information:

(1) Name _____ Relationship _____

Home Address: _____

City, State, Zip: _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Email: _____

(2) Name _____ Relationship _____

Home Address: _____

City, State, Zip: _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Email: _____

Medical Information:

Please send an email to Kelly Decker at: kdeckertransitions@yhoo.com and/or call: 703-278-2176 concerning any medical issues including allergies, medications, health concerns, etc.

If your child needs to take any medication during the day, please indicate the name of the medicine, the dosage, and when it needs to be taken. The medication should be in the original container:

I am/we are the custodial parent(s)/guardians of _____. In my/our absence, we have left our child in the care of and do hereby authorize the instructors for the Second Chance Program to consent on our behalf to any emergency medical treatment that my/our child may require and I/we agree to bear financial responsibility for such care.

Signature

Printed Name

Date

Signature

Printed Name

Date



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School Attendance Reminder

Attention Parent/Guardians:

- Participation in the Second Chance Substance Use Early Intervention Education Program is considered an excused absence for APS students.
- It is your responsibility to call the Attendance office at your student's school to let them know your son or daughter will be absent from school for the three days of the program.
- You are NOT required to state the reason why your child will be absent.
- If you do not contact the Attendance office, your child will be marked unexcused for the three days of attendance at the Second Chance Substance Abuse Education Program.
- Students are responsible for making up missed work.

Attendance Offices:

Wakefield High School
703-228-6730

Swanson Middle School
703-228-5506

Washington-Lee High School
703-228-6225/6226

Williamsburg Middle School
703-228-5444

Yorktown High School
703-228-5410 or 5411

Arlington Community High School
703-228-5350

H-B Woodlawn Program
703-228-6363

Career Center
703-228-5746/5748

Gunston Middle School
703-228-6920

Langston
703-228-5295

Jefferson Middle School
703-228-5900

New Directions
703-228-2116

Kenmore Middle School
703-228-6802



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APS Substance Abuse Counselors:

Siobhan Bowler

HB Woodlawn and Swanson
siobhan.bowler@apsva.us
703-228-6361/703-228-5500

Maria Ceballos

W-L and Langston
maria.ceballos@apsva.us
703-228-2028/703-228-8392

Kim Chisolm

Yorktown and Jefferson
kim.chisolm@apsva.us
703-228-2541/703-228-5911

Edgardo Mercado

Wakefield and Arlington Community HS
edgardo.mercado@apsva.us
703-228-2390/703-228-5350

Jennifer Sexton

Kenmore and Williamsburg
jennifer.sexton@apsva.us
703-228-2631/703-228-5450

Mila Vascones-Gatski

New Directions
mila.vascones@apsva.us
703-228-2115

Vanessa Zorrilla-Zuniga

Gunston and Career Center
sonia.zorrillazuniga@apsva.us
703-228-8706/703-228-6900

If you wish to contact your child's school Substance Abuse Counselor (SAC) by email, please be aware that legally any emails about your child are considered part of his/her school record. Instead, you may prefer to call the SAC on the phone or send the SAC an email asking that he/she contact you regarding the Second Chance program (or any other related issues).



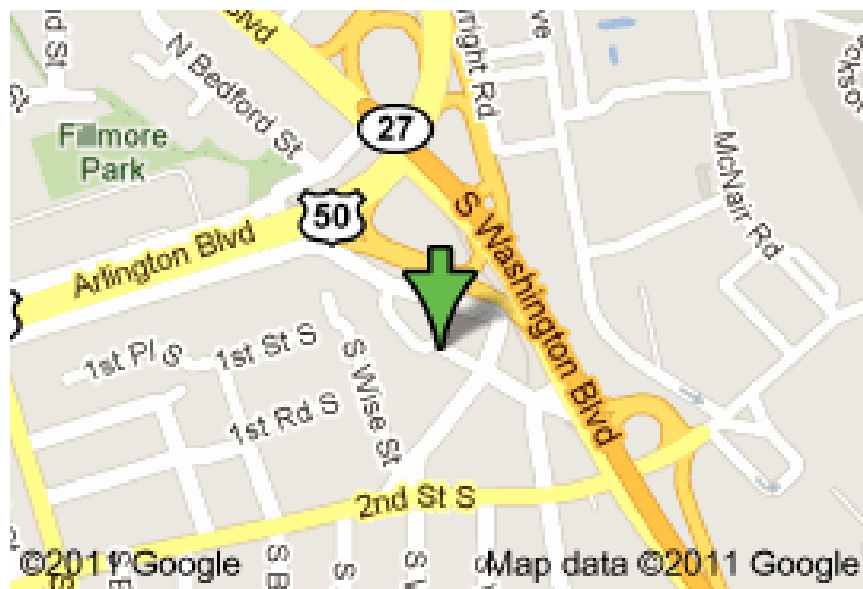
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Location of Second Chance Programs

Student Program: Syphax Education Center, _____ Room 227/____ Room 171, 2110 Washington Boulevard, Arlington, VA (see below for map and directions).

Parent Program: Stambaugh Health Services Center (DHS), Lower Level, Room C, 2100 Washington Boulevard, Arlington, VA (entrance is directly across the street from the student program).

Booster Program: Stambaugh Health Services Center (DHS), Lower Level, Rooms B & C, 2100 Washington Boulevard, Arlington, VA (entrance is directly across the street from the student program).



Transportation to the Syphax Education Center/DHS building is the responsibility of the student AND parent/guardian. If you drive, both free and metered parking are available on the street and free parking is available at all times in the adjoining above-ground garage.

Arlington Rapid Transit and WMATA buses stop near the entrance to the Sequoia Plaza complex.

- ART bus 42 (<http://www.arlingtontransit.com/pages/routes/art-42/>)
- ART bus 45 (<http://www.arlingtontransit.com/pages/routes/art-45/>)
- ART bus 77 (<http://www.arlingtontransit.com/pages/routes/art-77/>)
- WMATA bus 10B (https://www.wmata.com/schedules/timetables/upload/10A-E_180624.pdf)

Limited funds are available for transportation assistance. Please contact your referral source and/or the Assistant Principal at your school.