

Allegro Foundation...a *Champion for Children with Disabilities*

3121 Providence Rd., Charlotte, N.C. 28211 (704) 412 – 5229
www.allegrofoundation.net

Information & Policies Packet For Community Outreach Class *(For Parents to Keep)*

The **Allegro Foundation...a Champion for Children with Disabilities** is a 501(c) 3 non-profit organization originally formed in 1991 as the Pacific Foundation for the Performing Arts in Los Angeles, California. The operation was moved to North Carolina and became operational in September 2000. We are currently serving 400 children annually.

Our Mission:

Allegro Foundation combines movement instruction with educational and medical expertise, creating a “new” vehicle to educate children with disabilities and enhance their quality of life. The children we serve are individuals with mental retardation, Down syndrome, orthopedic challenges (wheelchairs and walker), spina bifida, cerebral palsy, muscular dystrophy, visual and hearing impairments, learning disabilities, children at risk, and children with cancer.

The Foundation’s has structured its techniques and philosophies to “open the door” to significant improvements in learning that transcends across multiple disciplines, reducing behavioral problems, and producing a better quality of life.

Class Description

Movement education classes are offered during the school year at our three community outreach sites; which are held on site at Carolinas Medical Center, Sardis Presbyterian Church, and Third Presbyterian Church. We offer summer classes at Carolinas Medical Center. Each program allows for 15 students with disabilities (ages 6 to 18) with 15 teaching assistants (high school students or adults) to participate.

Classes meet weekly for 30 minutes. During the school year, public performances will be conducted; family, friends, local media, and the medical and arts communities will be invited.

Our Classes develop, stimulate and increase:

- Gross and Fine Motor Skills
- Sequential and conceptual learning
- Concentration and attention skills
- Problem solving
- Communication skills
- Independence and self-esteem

The Allegro Foundation seeks to enhance life skills that improve the quality of life for children with disabilities. We teach and serve children with disabilities along with typically developing children and the community. We want children with disabilities to be viewed and to view themselves not by the challenges they face but by the capabilities they possess.

Class Objectives:

- Positional Concepts – learning to travel beside, behind, in line, around, back, etc.
- Academic Concepts – numbers, shapes, sequences, patterns
- Language Concepts- movement terminology, following directions, conversations with instructors and peers, reporting feelings about class, asking questions
- Social Skills – performance behavior, turn taking, hand holding during a class

Dress Code:

Female and Male Students: Pants or shorts, t-shirt and tennis/running shoes for class. No midriff shirts, no clothing with suggestive language and Absolutely NO open toed shoes.

Costume/Performance/Presentation Needs: The majority of the costumes will be supplied by Allegro. Notes will go home before every performance listing what “street clothes” you will need to wear. *

*Costumes can be very difficult because of colostomy bags, orthopedic devices, wheelchairs or other necessary adaptations. We bring in a consultant when custom design work is needed. We also include costume design, cost of materials, storage and dry cleaning as part of our service to the students taking Allegro classes.

Class Benefits

First and foremost, children, regardless of their ability status, need to have fun. This movement education program is developed to help children experience the same joy, entertainment, and fun as typically developing children involved in any movement education class. Moving to music with their peers as part of a class specifically designed to address their special situations is expected to be a pleasurable social activity. **However, the Allegro Foundation movement education program is not viewed as recreational.**

Physically, the student will be paired with a teaching assistant to move, stretch and strengthen their bodies.

Academically, the participants learn about anatomy (muscle names and function) as well as math via shape studies, patterns, counting, etc.

Cognitively, the children will have academic information reinforced using their bodies and movement as a way to learn kinesthetically.

In order to help the children achieve and reinforce learning, the movement education program combines creativity and innovative techniques with instruction in Positional, Academic and Language Concepts; Social Skills; and Integration.

Parent Responsibilities:

Classes are **free of charge**. Cost associated with your child's class is never completely funded. Allegro Foundation **depends on volunteers**. We require that **all** parents be involved in some capacity in our programs. Parents can bring refreshments to a presentation/ performance, handling a telephone tree, helping clean up after class, transporting or loading costumes, and much needed help with fundraising. Whether we can bring Allegro Foundation's programs to your child varies from year to year depending on private donations, grants and corporate sponsorship. **We need your help and your involvement**. For the families that can make a donation we would greatly appreciate it. Allegro Foundation is a 501(c) 3 nonprofit, all donations are tax deductible.

Allegro Foundation Classes

Below is a brief listing of the items involved in providing our Movement/Education Classes

- Planning & Coordination
- Instruction & Choreography
- Costume Design
- Class/Rehearsal/Performance Planning and Coordination
- Research medical conditions
- Interface with Medical professions on conditions
- Pharmacology - research & updates
- In-Takes & Assessments
- Specific teaching modules for each student based on child's IEP/504 plan
- Specific choreography adjustments for medical equipment
- Documentation
- Assessment/Evaluation
- Volunteer Coordination and Training
- Directorial, Development and Programmatic components
- Consultations (with Medical and ancillary professionals)
- Photography/video supplies
- Photocopying, telephone, postage and other office expenses
- Class and rehearsal schedules and information
- Insurance
- Sets, props, music
- Costumes, make-up and hair decorations
- Media contacts for performances

This list is just a small portion of what is involved in bringing together this unique Movement/Education program. An approximate cost for this Community Outreach class for your child is **\$36,000 per year**. This cost is offset by a combination of donations, Allegro Foundation fundraising efforts, goods/services donated by local businesses and grants.

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Parental Release

(Please complete and return)

Preface: Please be sure to complete all the questions in this application. Failure to do so may delay admission to class. This information is important to help our professionals interpret a student's strengths and needs effectively and will help us design a program that offers optimal benefits to your child.

Class Location: _____

Day: _____ Time: _____

Student Name: _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Name of Employer/Company in which parent works: _____

Telephone Day: _____ Eve: _____ Cell: _____

E-mail: _____

(Very important to list – we use this quite a bit in communicating with parents)

Emergency Contact: _____ Telephone: _____

Relationship to Student: _____

Please attach a copy of the Student's current IEP, IFSP or 504 Plan, as this will help in assessments.

Please notify Allegro Foundation prior to class any changes in your child's health status **before** class (for example injuries or medication changes).

The parent/guardian is responsible for all medical care for their child. Should medical/behavior difficulties arise during a class, Allegro Foundation instructor will notify the parent or guardian who will need to remove their child from the class. In cases of emergency, Allegro Foundation will take steps to provide proper medical care.

I have read and understand the above statements and release the Allegro Foundation...a Champion for Children with Disabilities, its Board, staff and volunteers, from responsibility for the medical care and treatment of my child, except in cases of emergency as described above.

Parent/Guardian Signature

Date

Student Information

(Please complete and return)

Student's Birth Date: _____ Age: _____

Costume Sizes: Shirt _____ Pants _____

What is the approximate age level of social skills? _____ Self-help skills? _____

Student's Diagnosis:

Does he/she have Brothers/Sisters? _____ Age (s) _____

How is the relationship with their siblings? _____

How does the student interact with other children? _____

How does the student interact with teachers/other adults? _____

Please check any of the following that pertain to the student:

_____ Seizures	_____ Aggressive behavior towards others
_____ Habits/tics	_____ Mood Swings
_____ Sexual acting out	_____ Tantrums
_____ When angry attempts injury	_____ Learning differences (ADD etc.)
_____ has Fears (loud noises etc.)	_____ Startles

Please explain any items checked above:

Please list any medications: _____

Health and Helping Professionals

(Please complete and return)

Primary Care Physician: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Practice Name: _____

Occupational Therapist: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Practice Name: _____

Physical Therapist: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Practice Name: _____

Speech Therapist: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Practice Name: _____

Neurologist: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Practice Name: _____

Teacher's Name: _____ Telephone: _____
School: _____
Address: _____ City: _____ Zip Code: _____

Social Worker/Case Manager: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Practice Name: _____

Group Home: _____ Telephone: _____
Address: _____ City: _____ Zip Code: _____
Manager's Name: _____

If Student will be brought to class by anyone other than a Parent such as a respite/CAP worker, please provide:
Name: _____ Telephone: _____

I give Allegro Foundation Staff permission to contact any of the Health and Helping Professionals concerning my child.

Parent's Signature

Date

Class Policies

(Please complete and return)

1. Parents are not permitted inside the classroom. They may wait in an adjoining room.
2. Students who are more than ten minutes late will not be allowed to participate in class.
3. Parents must call if their child is going to miss a class.
4. Once accepted into Allegro's programs, students are expected to be in class regularly and participate in **all** performances.
5. The Foundation considers itself to be in a "helping profession." Our goal is always to provide our student with the best and most appropriate movement education program for their level of ability. The Foundation is the final decision-making authority with the regard to the curriculum and direction of all Foundation classes and programs.
6. All applications, medical history, and release forms must be completed and on file prior to the start of class. Each student and family must participate in an application interview prior to acceptance into the Foundation's classes.
7. When a student's behavior disrupts a class, the parents will be notified verbally and/or in writing. If disruptive behavior occurs on three occasions within two months, the student will be asked to leave the program. Should parents or guardians wish to appeal the decision, they may do so by asking for reconsideration by the evaluating committee.
8. Teaching movement education classes requires some physical contact and touching of students to demonstrate positions. Students with difficulties in this regard may not be candidates for our program and parents should consider their decision carefully to avoid dismissal from the program at a later date.
9. Each student must have bladder and bowel control or wear suitable undergarments. Students must be toileted before class.
10. Each student needs to be able to focus, listen and follow directions from the instructor for at least a 10-minute period of time.
11. Students are expected to participate in a minimum of 80% of the activities in each class. If they cannot participate at that level, they will be asked to leave the program to prevent disruption or lack of progress for the other students in the class.

I have reviewed and understand the policies of the Allegro Foundation as described above and agree to abide by them.

Parent/ Guardian

Date

Allegra Foundation...a *Champion for Children with Disabilities*

Photo/Video Release Form

(Please sign and return)

I hereby give Allegra Foundation...a Champion for Children with Disabilities the absolute and irrevocable right and permission to use photographs and/or videos of Foundation classes or programs in which I may appear for:

- Advertising, public relations, or promotional purposes
- Demo tapes submitted with grant applications

I/we further grant the Foundation permission:

- To copyright the same in their own name or any other they may choose.
- To use, re-use, publish and re-publish the same in whole or in any medium, for any purpose whatsoever, including (but not limited to) the uses listed above.
- To use my name in connection therewith if they so choose.

I hereby release and discharge Allegra Foundation from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of Allegra Foundation as well as the person/persons for whom they took the photographs or video.

Student Name _____

Parent/Guardian Signature

Date

Allegra Foundation...a Champion for Children with Disabilities

DATE: _____

Class Site (location): _____

PHYSICIAN ONLY

***Please mail to: Allegra Foundation
3121 Providence Road
Charlotte, NC 28211

Or FAX to: (704) 364-4041

Medical History and Release Form

(To be completed by Student's Physician)

This medical history is to be completed and signed by the student's regular attending physician. It must be submitted with the application, and not later than the start of the first class. No child will be admitted to class without a completed Medical history on file with Allegra Foundation.

Name of Patient: _____

Date of Last Physical Exam: _____

Date of Birth: _____ Student's Phone number: _____

Describe any physical limitations that may affect participation in movement classes and performances including heart/lung disease, seizure disorder, vision, hearing impairments:

Patient's Diagnosis: _____

Known Allergies: _____

Date of last Tetanus: _____ Has patient had Varicella or vaccine? _____

Blood Pressure: _____ High _____ Low _____ Normal

Height: _____ Weight: _____

HEENT _____

Neck _____ Heart _____

Lungs _____ Abdomen _____

Extremities UE _____ LE _____

Neurological _____

Is Patient's Vision Impaired? _____ Normal _____

Is Patient's Hearing Impaired? _____ Normal _____

Is Patient Sensitive to Sound? _____ Yes _____ No

Does Patient Run Away?: _____

Does Patient have developmental limitations? * _____

* For students with Down syndrome, has a cervical spine x-ray evaluating atlanto-axial stability been done? If yes, include results: _____

Date of most recent EKG if heart condition is present _____

Explain Patient's most recent surgery (with date): _____

List current medications: _____

What, if any, side affects may result during periods of physical activity and social interaction?

Please explain any concerns or recommendations you feel Allegro Foundation instructors should be aware of, with regard to participation in classes or performances: _____

I approve of this patient's participation in Allegro Foundation's Movement/Education classes and performances.

(Signature of Physician)

Name of Physician (please print): _____

Address: _____ **City:** _____ **State:** _____

Telephone: _____ **E-Mail:** _____