PETE’s PALs
Fall 2014 Clinician Application

“Promoting Physical Education for Everyone”

http://www.purdue.edu/cie/learning/petespals

September 30, October 7, October 21, October 28,
November 4, November 11, November 18
6:00-8:00 PM at Faith Community Center

Applications Due: September 5, 2014
PETE’s PALs Program Overview

The PETE’s PALS (Physical Education Teacher Educators Supporting Physical Activity and Life Skills) program is an aquatic and motor program offered for children with disabilities. The program is designed to help the participating children become efficient movers in a fun and safe environment. Each child in the program is assigned a trained clinician who will work one-on-one with the child for the two hour gym and swim program. PETE’s PALS is supported by the Purdue University Center for Instructional Excellence and is coordinated with Faith Community Center in Lafayette.

A child’s program may include:
- Physical fitness activities to improve muscular strength, endurance and flexibility.
- Body awareness and spatial orientation.
- Fundamental motor patterns and sport skills.
- Swimming and water safety skills.
- Sensory motor activities.

Role of the PETE’s PALs Clinician: Children participating in PETE’s PALS will be paired one-on-one with a trained, Purdue University undergraduate or graduate student clinician. The clinicians are recruited from Purdue’s education and therapy disciplines who have shown an eagerness to work in the program and demonstrate a willingness to learn and accept an educational challenge to motivate and teach children and youth with disabilities. Interested students are interviewed and agree to the commitment of the PETE’s PALS program. Clinicians are strategically paired with their partner based on their experience and the child’s specific needs. Throughout the program, clinicians will evaluate children’s physical activity and motor development needs and will structure individualized instruction in order to help them progress toward goals and objectives that are developed by the clinicians in concert with parents and children.

Benefits of Participating in PETE’s PALS: In addition to being able to work one-on-one with a child who truly values his/her clinician’s time and commitment, volunteering for the PETE’s PALS program has many other benefits for Purdue University students. First and foremost it is an outstanding professional experience that has lasting benefits for students entering teaching and other service professions. Since the program is on a volunteer basis, it also may fulfill service hour requirements that are built into several classes at Purdue (Be sure to check with your instructor first). Clinicians will also receive a free t-shirt as well as food on the first and last nights for their commitment.

Application Process: Purdue University students interested in being clinicians for the PETE’s PALS Program should complete the attached application packet and send or bring it to Ethan Claretto at the address provided below. In order to ensure a spot in the program, application materials should be returned by Friday, September 5th – Late or incomplete applications may not be accepted. Please contact Ethan Claretto at petespal@purdue.edu or 812-236-0330 for additional information:

Ethan Claretto
Purdue University
Circle Pines Men’s Cooperative House
1000 David Ross Road
West Lafayette, IN, 47906
PETE’s PALs Fall 2014 Program Schedule

PETE’s PALs is held at Faith Community Center located at 5526 State Road 26 E, Lafayette, IN 47905. Diving Directions to Faith Community Center can be found at: [http://www1.faithlafayette.org/about/visiting_faith/location_and_directions/](http://www1.faithlafayette.org/about/visiting_faith/location_and_directions/)

PETE’s PALs will be held on **seven** Tuesday evenings in Fall 2014. The specific dates are September 30, October 7, October 21, October 28, November 4, November 11, November 18. **There will also be a required training session on Tuesday, September 23rd at Faith Community Center.** Clinicians who anticipate missing the training session should contact Ethan Claretto (eclarett@purdue.edu) prior to applying to the program. The children will be divided into two groups (designated by the names Flynn and Harper). The Flynn group will swim first while the Harper group is in the gym and then they will switch at 7:00. **Please understand that the nightly schedule is tentative and may change prior to the beginning of the program. Clinicians who volunteers for the program will be notified in advance of schedule changes.**

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<th>Time</th>
<th>September 30</th>
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<th>October 28</th>
<th>November 4</th>
<th>November 11</th>
<th>November 18</th>
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<td>8:00</td>
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<td>8:10</td>
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<td>Short clinician meeting</td>
<td>Short clinician meeting</td>
<td>Short clinician meeting</td>
<td>End of program party</td>
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Preparing for PETE’s PALs

APPLICATION MATERIALS

In applying for PETE’s PALs, please be sure to complete the following (Use this as a checklist):

- Child Abuse Awareness Education Training (Print off Certificate and Include with the Application)
- Clinician Application Form
- Technology and Information Release Form
- Clinician Confidentiality Agreement

In order to successfully apply for the program, all of these forms and associated paperwork should be completed and returned to Ethan Claretto (Circle Pines Cooperative House, 1000 David Ross Road, West Lafayette, IN, 47906)

CHILD ABUSE AWARENESS EDUCATION

All clinicians, head clinicians, and administrative volunteers are required to have completed Purdue University’s Sexual Abuse Awareness Educational Training. The education is available online and can be accessed using the information provided below. This training is short (~20 questions) and should not take more than 10 minutes, but it helps us assure Purdue that you are made aware of some of the policies related to sexual abuse and child misconduct. Please complete the training and include proof of completion (e.g., printed certificate, screen shoot showing completion) with the application materials.

The link is http://www.purdue.edu/ethics/education_training.html and will take you to the Vice President for Ethics and Compliance Education/Training. You will choose the “Child Sexual Abuse: Prevention and Response-Online Program”. You will need to use your career account sign-on and password. You will then choose the Vice President for Ethics and Compliance to access the specific training.

WHAT IS NEEDED FOR PETE’s PALs

In order to be prepared for the program, clinicians should bring the following items along with them each night:

- Backpack/duffel bag to hold belongings
- Sneakers or tennis shoes
- Professional dress for physical activity session (polo shirt and khaki pants or athletic pants)
- Swimsuit (One piece for women, long swim trunks for men)
- Towel
- Notebook and pencil to take notes during the physical activity sessions
- Lock for changing room locker (We have had belongings stolen from lockers in the past)
- It is advisable to leave valuables and belongings not essential to the program locked in your car

CLINICIAN-PARENT COMMUNICATION

In order to help personalize the PETE’s PALs program to the needs of the children, we encourage our clinicians to foster a positive relationship with parents. As a part of this relationship, we will ask our clinicians to communicate with parents on a regular basis and will provide you with their email address so you can contact them prior to the start of the program. This pre-program communication is critical as it helps clinicians to plan for the first session and outline their objectives for the program.

QUESTIONS, COMMENTS, OR CONCERNS

Potential clinicians are welcome to ask questions about the application process or the program more generally. Please direct all questions to Ethan Claretto (petespal@purdue.edu or 812-236-0330)
Fall 2014 Clinician Application Form

GENERAL INFORMATION

Name: ____________________________________________ Male / Female ____________ T-Shirt Size: ______________

Address: _______________________________________________________________________________________

City: ______________________________________ State: __________________ Zip Code ______________

Email Address: __________________________________________ Phone Number: ______________________________

Name of a professor or employer who can serve as a reference: __________________________________________

Reference’s Email Address: __________________________ Reference’s Phone Number: ______________________

For which of the following positions would you like to apply (Check all that apply)?

_____ Floater (unassigned, work with children as needed)  _____ Clinician (work one-on-one with a child)

_____ Head Clinician (Clinician group leader, must have at least one session of PETE’s PALs experience)

BACKGROUND INFORMATION (Will be used to help pair you with appropriate partner)

Are you fluent in any languages other than English?: ______________________________________________________

Are you able to communicate in sign language?: __________________________________________________________

Number of Years at Purdue: _______ Major or Program at Purdue: __________________________________________

Which of the following university colleges are you enrolled in?

_____ Agriculture  _____ Education  _____ Engineering  _____ Health and Human Sciences  _____ Liberal Arts

_____ Management  _____ Pharmacy  _____ Science  _____ Technology  _____ Veterinary Medicine

Have you taken a course in Adapted Physical Education? If so, when? __________________________________________

Describe teaching experience:_______________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Describe experience working with students with disabilities: ____________________________________________

______________________________________________________________________________________________
Indicate how often you have contact with individuals with disabilities:

____ No contact  ____ One time/year  ____ One time/month  ____ One time/week  ____ One time/day

Have you participated in PETE’s PALs in the past?: ____________________________________________

If so, is there a particular child with whom you would like to work? ______________________________

PHYSICAL ACTIVITY

Provide experience with in physical activity settings or comfort teaching movement skills: __________

_________________________________________________________________________________

_________________________________________________________________________________

Rate your comfort working with children in a physical activity setting: ___ High  ___ Average  ___ Low

SWIMMING

Provide experience with aquatics or comfort level with swimming: ________________

_________________________________________________________________________________

_________________________________________________________________________________

Rate your comfort working with children in an aquatics setting: ___ High  ___ Average  ___ Low

ALLERGIES

Do you have any allergies of which we need to be aware? ________________________________

Please list any allergies or dietary preferences of which we will need to be aware:

_________________________________________________________________________________

BACKGROUND

Have you ever been convicted of or pled guilty to a crime? (Include court-martial convictions, exclude minor traffic violations.)

____ Yes  ____ No

If yes, complete the following: Conviction (e.g., felony, misdemeanor) Offense (e.g. theft) Date Location (City, State) Sentence

NOTE: Background Checks of all hired and volunteer staff will be conducted by Purdue University
**ANTICIPATED ATTENDENCE**

PETE’s PALs works best when clinicians build a meaningful relationship with their partners during the program. This requires that clinicians make it to as many sessions as possible. Thus, although we understand that things come up that require individuals to miss sessions, it is our expectation that clinicians will make it to every session. In recording expected absences, please consider potential conflict stemming from course assignments and exams, family obligations, and university sponsored events among other personal commitments. **Clinicians who anticipate missing more than one of the seven sessions may not be asked to participate in the program** (although they are encouraged to apply again in the future).

When considering which sessions you will be missing, please examine your academic schedule (including night exams) and personal schedule.

Please place an X next to any nights of the program that you anticipate missing:

- September 23 (Training): _____
- September 30 (Session 1): _____
- October 7 (Session 2)________
- October 14 (NOT PETE's PALs – FALL BREAK)
- October 21 (Session 3)_______
- October 28 (Session 4)_______
- November 4 (Session 5)_______
- November 11 (Session 6)______
- November 18 (Session 7)_____  

**HEAD CLINICIAN APPLICATION**

Head clinicians will be student leaders during the program and assist with the administration and provision of the program. Among other things, head clinicians will be asked to:

- Manage small groups of clinicians and their partners,
- Plan a portion of the training session,
- Attend an organizational meeting prior to the start of the program,
- Assist with attendance,
- Assist with child evaluation and goal setting,
- Help to manage the locker rooms, and
- Assist with the set up and tear down of equipment used in the program.

Head clinicians will not be paired with one partner, but will have the opportunity to interact with all of the pals assigned to their group. To apply to be a head clinician you must have **at least** one previous semester of PETE’s PALs and must have the a reference complete the form on the next page of the application packet (NOTE: This can be the same person you listed as a reference on the previous page). Students applying to be head clinicians may be contacted and asked to schedule a brief interview with Ethan Claretto.
Head Clinician Recommendation Form

Name: ____________________________________________

Relationship to the applicant: _________________________

How long have you known the applicant?: ______________

Please describe the character traits of the applicant that makes him/her suitable for a leadership role in the PETE’s PALs Program: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

Please describe the quality of the applicant’s work ethic and ability to complete tasks that are assigned:

__________________________________________________________________________

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Is there anything else you think we should know about the applicant? ____________________________________________

__________________________________________________________________________

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__________________________________________________________________________

Would you recommend that the application be offered a position as a head clinician?: ___ Yes ___ No

Reference’s Signature: __________________________________________ Date:__________________________
TECHNOLOGY INFORMATION & RELEASE FORM

FALL 2014

To PETE’s PALs Clinicians:

The future of the PETE’s PALs Program is due in part to successful promotion by our participants and families. We are therefore requesting your assistance by granting us permission to use any photographs, videotape or audio tape for our publications, videos or web pages. Please review and sign the form below if you will consent to our use of the photographs, videotapes or audio tapes.

Thank you for your assistance.

PHOTOGRAPHY/VIDEO

Date: __________________________

I hereby authorize and consent to the use and reproduction by the PETE’s PALs Program at Purdue University, of any and all photographs, video tape recordings, or audio tape recordings in which I appear. I understand that I am not to receive payment for the photographs, video tape recordings, or audio tape recordings, and that the photographs, video tape recordings or audio tape recordings will not discredit or distort my person in any way. All negatives and positives, and tapes, together with the prints shall be solely the property of the PETE’s PALs Program.

Clinician’s Name: __________________________________________

Clinician’s Signature: __________________________________________
PETE’s PALs Statement of Confidentiality

As a participant in the PETE’s PALs program, you will be given access to confidential information related to the child you are working with and his/her disability. Access to this information is essential for you to be able to work effectively with your partner. However, it is also imperative that this information not be shared with anyone outside of the PETE’s PALs program. Such disclosure could be damaging to the child and/or his family. As a result, we ask that you read and sign this confidentiality statement in order to confirm that you understand the confidential nature of the information that you will receive as well the important of not sharing it outside of the PETE’s PALs program. Should you have any questions about this confidentiality statement, please contact Ethan Claretto (petespal@purdue.edu).

I, (name, please print) ____________________________, hereby state that I will not reveal any of the children’s (or related family members’) personal information with whom I work with throughout the duration of PETE’s PALs. I am hereby stating that I understand that all personal information including, but not limited to, the child’s health, condition of disability, and severity of disability is confidential unless otherwise specified. This information is to be shared and used solely for the purpose of the PETE’s PALs program, and should therefore not otherwise be discussed nor disclosed with anyone or in any nature outside of the program. If I am unsure as to what information may or may not be shared outside of PETE’s PALs, I will ask my Head Clinician or any member of the PETE’s PALs Administrative Team after first consulting my clinician journal and before disclosing any of the information in question.

Clinician’s Name______________________________

Clinician’s Signature_________________________ Date________