

PETE's PALs

Spring 2012 Clinician Application



“Promoting Physical Activity for Everyone”

<http://www.purdue.edu/hhs/hk/petespals/index.html>

March 22, March 29, April 5, April 12, and April 19
6:00-8:00 PM at Faith Community Center

Applications Due: February 24, 2012



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 Department of Health and Kinesiology 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 it to K. Andrew Richards at the address provided below. In order to ensure a spot in the program, application materials should be **returned by Friday, February 24, 2012 – Late applications may not be accepted.** Please contact K. Andrew Richards at karichar@purdue.edu or 860-681-5498 for additional information:

K. Andrew Richards
Purdue University
Lambert Fieldhouse, Rm. 120
800 W. Stadium Ave
West Lafayette, IN 47907

PETE's PALs Spring 2012 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/

PETE's PALs will be held on five Thursday evenings in the Spring of 2012. The specific dates are March 22, March 29, April 5, April 12, and April 19. There will also be a **required training session** on **Thursday, March 8th** in the Lambert Fieldhouse on the Purdue University Campus. Clinicians who anticipate missing the training session should contact K. Andrew Richards (karichar@purdue.edu) prior to applying to the program. The children will be divided into two groups (designated by the colors blue and yellow). The blue group will swim first while the yellow 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. Participants registered for the program will be notified in advance of schedule changes.**

| Time | March 22 | | March 29 | | April 5 | | April 12 | | April 19 | |
|------|--|---------------------|--|---------------------|--|---------------------|--|---------------------|--|---------------------|
| 5:45 | Check in at Faith in Meeting Room 2 and meet parents | | Check in at Faith in Meeting Room 2 | | Check in at Faith in Meeting Room 2 | | Check in at Faith in Meeting Room 2 | | Check in at Faith in Meeting Room 2 | |
| 6:00 | Blue group – Swim | Yellow Group – Gym | Blue group – Swim | Yellow Group – Gym | Blue Group – Swim | Yellow Group – Gym | Blue Group – Swim | Yellow Group – Gym | Blue group – Swim | Yellow Group – Gym |
| | | | Parents' Meeting in Meeting Room 2 | | | | | | | |
| 6:45 | Change to/from pool | | Change to/from pool | | Change to/from pool | | Change to/from pool | | Change to/from pool | |
| 7:00 | Blue Group – Gym | Yellow Group – Swim | Blue Group – Gym | Yellow Group – Swim | Blue Group – Gym | Yellow Group – Swim | Blue Group – Gym | Yellow Group – Swim | Blue Group – Gym | Yellow Group – Swim |
| 7:50 | Change from pool and clean gym | | Change from pool and clean gym | | Change from pool and clean gym | | Change from pool and clean gym | | Change from pool and clean gym | |
| 8:00 | Parent pick up and check out in Meeting Room 2 | | Parent pick up and check out in Meeting Room 2 | | Parent pick up and check out in Meeting Room 2 | | Parent pick up and check out in Meeting Room 2 | | Parent pick up and check out in Meeting Room 2 | |
| 8:10 | Short clinician meeting | | Short clinician meeting | | Short clinician meeting | | Short clinician meeting | | Final meeting and pizza party | |

Preparing for PETE's PALs

In applying for a position as a PETE's PALs Clinician, we ask that you complete the following forms:

- 1) Clinician Application Form
- 2) Technology and Information Release Form

In order to successfully apply for the program, both of these forms should be completed and returned to K. Andrew Richards (Purdue University, Lambert Fieldhouse, 800 W. Stadium Ave., West Lafayette, IN 47906).

What is needed at 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 K. Andrew Richards (karichar@purdue.edu or 860-681-5498).

Spring 2012 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 _____

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

Year at Purdue: _____ Major or Program at Purdue: _____

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

Describe teaching experience: _____

Describe experience working with students with disabilities: _____

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

Have you participated in PETE's PALs in the past?: _____

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

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:

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 will be conducted of all hired and volunteer staff

ANTICIPATED ATTENDANCE – 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. **Clinicians who anticipate missing more than one of the five sessions may not be asked to participate in the program** (although they are encouraged to apply again in the future).

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

March 8 (Training): _____

March 22 (Session 1): _____

March 29 (Session 2) _____

April 5 (Session 3) _____

April 12 (Session 4) _____

April 19 (Session 5) _____

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 K. Andrew Richards.

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: _____

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

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

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

Reference's Signature: _____ Date: _____

TECHNOLOGY INFORMATION & RELEASE FORM

SPRING 2012

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: _____