**Support Call Script & Form**
Parent Support Call

_____

Name of Participant | Name(s) of the Participant's Parent(s)

_____

Name of Support Caller | Scheduled Time & Date of Call

**To SET-UP the Support Call**

Call the parent within 24 hours of receiving the assignment from your Support Call Captain. If one parent does not answer the phone, then leave a specific message letting them know who you are, the purpose of the call, and clearly repeat your name and say your phone number you can be reached at.

Go over the following information in your call to set-up the actual Support Call:

- Who you are, and that you are on the Team for their child's upcoming LEAP Training
- Ask if they are aware their Teen has signed up for the LEAP Training and the dates of the Training?
- That as a standard way of supporting parents and Participants, we have a 45-60 minute call prior to the Training to go over some logistics and cover some questions
- Ask them if they have received their Confirmation Packet in their email. Request that they read through it prior to your Support Call with them. If they have not yet received their Confirmation Packet, make sure they have checked their email, and contact the Support Call Captain immediately to have them email it over. Check with them to make sure they have received it, so they can have time to read it prior to your Support Call.
- Ask them when they have time for a 45-60 minute uninterrupted time for the phone call and schedule it
- Make sure they have your name and the number you can be reached at if they need to beforehand. Make sure you know the correct number to reach them at for the Support Call

**Support Call**

Did you attend the Parent/Teen Information Meeting? If not, did you read through the Parent Disclosure Statement in your confirmation packet?
Yes or No

*If they say No to both, have them commit to reading it prior to their teen attends the training.*

Part One: Check-in on Parent Understanding (Approx. 10-15 minutes)

*This is an opportunity to create rapport, listen generously, and add context and clarity to "fill in any blanks" that might come up about GAP Community and the Training.*

What do you know about the GAP LEAP? _____

_____

Did you get your pre-camp confirmation packet? Yes or No

Have you read through the material? Yes or No

Do you have any questions regarding the material or the training? Yes or No

If not, would you mind if we go over the material now? Yes or No

Part Two: Confirmation Packet & Required Return Paperwork (Approx. 5-10 min.)
*This part of the call is to ensure they are aware of all the materials given, and to make sure they are as clear as possible on what is the required paperwork needing to be returned for their Teen to attend the Training, as well as how to complete that paperwork and have it submitted.*

*Make sure if they are not dropping their teen off at registration that ALL signatures, initials, and information is COMPLETE so the teen doesn't arrive at the Training registration with incomplete paperwork.*

*Use your "Teen & Parent Returned Paperwork" check list as support for making sure the parent is aware of what both they and their teen are responsible for submitting to GAP in order for their teen to participate.*

The Parent Confirmation Packet includes:

a) Welcome letter
   - Confirm they have contact name/number, and a clear understanding of the Training dates and times, directions to the site, and locations details.

b) Parent Disclosure Statement
   - Confirm they have read through it

c) Hold Harmless Release form

d) Teen Health and Emergency Information form

d) Travel Release signature

e) Ropes Course Release signature

f) Parent/Therapist/Physician Release form
   - Let them know you will be going over this in much more detail once you go through the questions together with them shortly

g) Current Medications Form (if applicable)

h) Parent Check List

i) Questions team member will be asking your teen

j) Copies of all the material sent to your teen

I'd like to go over the Confidential Health Information Questionnaire with you now.

**Part Three: Confidential Health Information Questionnaire**
(Appox. 5-15 min, depending on the responses)
*The purpose of this section of the call is to clarify some very important medical information that will let you and the parent know what signatures are necessary or not, for their teen to be in the Training. Use your Signature Release Flow Chart for support.*

**Confidential Health Information Questionnaire Questions 1-12**

| | |
|---|---|
| 1. Is your teen in therapy?<br>Yes or No If Yes, see "A" on right side of page before continuing.<br><br>2. Has your teen had any prior therapy or psychological counseling? Yes or No If Yes, give approximate beginning and ending dates: _____ If you have stopped therapy within the last 12 mos., see section "A" on the right hand side before continuing.<br><br>3. Has your teen ever been hospitalized for psychiatric care or for a mental disorder? Yes or No If yes, give approximate beginning and ending dates:_____to_____<br><br>4. Is your teen currently taking or has he/she ever been prescribed any anti-psychotic medication such as Haldol, Thorazine, Navane, Stelazine or Trilafon? Yes or No If Yes, please specify when, what medication, dosage, or duration. _____<br><br>5. Is your teen currently taking or has ever taken any antidepressants or anti-anxiety medication such as Valium? Yes or No If Yes, please specify when, what medication, dosage, duration:_____ *(Please note that if your teen is currently on medication, you must have a signature from the prescribing physician. If they have ever been on medication, you must have a signature from their current physician.)*<br><br>6. Does your teen have any physical condition(s) that may be aggravated or inhibit his/her participation in The GAP Training? Yes or No If Yes, please describe: _____<br>_____ | *A. If the parent answered Yes to 1 or 2, indicating that their teen is currently in therapy, or stopped therapy within the last year, we require that they discuss with their teen's current or former therapist the advisability of their teen taking The GAP Training at this time.*<br><br>*We also urge them to fully express to the therapist any concerns they or their teen may have and listen closely to any concerns their teen's therapist may have. We strongly recommend that they follow the therapist's advice as to whether or not this is an appropriate time for their teen to take the training. If the teen's therapist requires more information, he/she is welcome to review this form and/or call the area Sponsor.*<br><br>*Parents must sign statement saying that they discussed with the therapist whether or not their teen should attend the GAP Training and have made the choice to allow their teen to participate.*<br><br>*If the parent answered Yes to questions 3, 4, 5 or 6, we cannot recommend that their teen participate in the training. There is a risk that the rigor of the training could aggravate some mental conditions.*<br><br>*If, because of the potential benefit, they still desire their teen to attend, they must consult with their teen's physician or therapist and obtain his/her signature on the Parent/Therapist/Physician Release form enclosed in your pre-camp packet.* |

7. Has your teen ever been incapacitated by severe depression, anxiety or other mental disturbance? Yes or No

8. Has your teen ever harmed himself/herself or become violent toward others?
Yes or No If Yes, please describe: _____
_____
_____

9. Within the last 12 months has your teen been dependent on alcohol, marijuana, cocaine or any similar non-prescribed drugs? Yes or No
If Yes, describe: _____
_____
_____

10. Has your teen ever experienced any event in life that resulted in significant trauma for any kind of abuse, loss of loved one or any other significant loss?
_____
_____
_____

11. Does your teen have any special needs, including any allergies we need to know about? If so, describe.
_____

12. Is your teen currently under a doctor's care? Yes or No If so, why?
_____
_____

13. Is your teen taking medication of any kind that will be taken during the four days of training? If yes, please complete the Current Medications Form in your Parent Confirmation Packet.
_____
_____
_____

14. Will you be dropping your teen off at the campgrounds, or will your teen be coming on his/her own?

_____

End of Confidential Health Information Questionnaire

**Part Four: Confirmation Packet & Forms Overview** (Approx. 10 minutes)

Please go down the list of each of the required documentation below. This checklist is also found in the final page of the Parent Confirmation Packet. Please ensure that parents are clear on all required signatures for their teen to be able to participate in the training. All signed and completed documents are to be scanned and emailed to

Lisa, the Support Call Captain (preferred), brought in-person (if the parent is dropping the teen off at the training site), or sent with their teen.

Parental Check List

**1. Registration and check-in is between 8:00am and 9:30am on Sunday, December 27, 2015. All paperwork must be completed and signed.**

**2. Teen's completed information and homework forms**

Including:
--Pre-LEAP Homework
--"Just Info" Page
--Personal Assessment, Data, & Self-Examination Page
--Campground Rules (signed by the teen)

**3. Hold Harmless/Release and Arbitration Agreement**

**4. Medical Information and Emergency form**

**5a. Ropes Course Release signature**
**5b.Travel Release signature**
**5c. Camp Waiver**

**6. *(If applicable)* Parent/Therapist/Physician Release form**

**7. Current Medication Form- If your teen is taking any medication, please check it in at the registration table. It will be dispensed by the 'special needs' person to your teen according to your instructions. *If your teen has any medical needs that may affect his or her participation in the Training, please contact:***
***[ASK SPONSOR]***

**8. Dress for your teen is casual - shorts, jeans, sweats, whatever is comfortable for them. Have them bring a sweatshirt or jacket as the training room will be air-conditioned.**

**9. Long pants, T-shirts and sturdy closed shoes (athletic shoes or hiking boots) are required for the ropes course.**

**10. In case of rain, a poncho or any kind of rain gear for the Ropes Course.**

**11. Pillow, bedding or sleeping bag with (*optional*) twin size sheet or covering.**

**12. Toiletries - shampoo, soap, toothpaste, toothbrush, etc.**

**13. Towel(s)**

**14. Flashlight**

**15. Insect repellent, lip balm and sunscreen for the Ropes Course (if needed)**

**17. Labels on all belongings**

**18. Parent Meeting begins at 5:30pm on the last evening**

**19. Graduation Celebration begins 7 p.m. on the last evening**

**20. The LEAP Training concludes at 8:30 p.m. on the fourth day**

***Note: No Ipods, CD players, mp3 players, skateboards, jewelry or valuables that may be at risk of being stolen.***

**Part Five: Follow-up Questions & Final Details** (Approx. 10-15 minutes)

How is conflict with your teen handled in your home?_____

_____

_____

What is your expectation for _____ coming out of this program?
*Teen's name*

_____

_____

How are you prepared to support your teen after the GAP?

_____

_____

We ask that each parent write a letter for your teen in the form of a last message, something that you would want them to have if they were never going to see you again. Please keep this confidential and mail it in to:

[ASK SPONSOR]

no later than [DATE]. If EVERY SINGLE teen does not receive a letter, the letters will not be distributed to any of the teens. If the parent knows of other adults who would be a significant sources of encouragement (such as an aunt/uncle, and/or influential teacher), then they are welcome to pursue getting those letters sent as well.

****IMPORTANT: Due to time constraints, if the parent(s) are not able to mail their letter(s) to the more than one week prior to the Training, then ask the Sponsor how they prefer the letter to be sent. Options include: bringing the letter(s) in a sealed envelope in person when they drop off their teen at registration, or emailing it and the team member who receives it prints it and is responsible for getting it to the Sponsor.*

As a reminder, your entire registration fee is paid to the Sponsor hosting the GAP.

On the last day, you will have an opportunity to contribute to GAP Community. Please plan accordingly.

Complete the call with…*"Thank you for taking the time to talk with me. We're looking forward to seeing _____ at the LEAP Training."*
*Teen's Name*

**<u>Evaluation of the Call</u>:**

**How long did the call last? _____**

**What was your experience of the call?**
**Explain**: **_____**

**_____**

**Were there any Red Flags? Yes or No**

**Date Support Call Captain assigned you the call:**
**_____**

**Date the Support Call Form is being returned to the Support Call Captain:**
**_____**