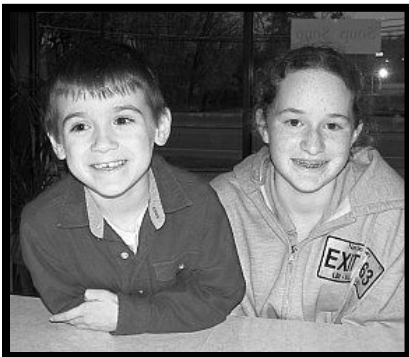


# Pathways for Exceptional Children Home-Based Buddies Program, 2009-2010



Pathways for Exceptional Children receives an outpouring of help from kids in our community who want to work with children with special needs. These kids are becoming “mentors” by completing a two-hour Mentor Training Workshop developed by Pathways. The workshop is taught by professionals in the field and involves training in many diagnoses and disabilities, learning to be friends with children having special needs, and getting hands-on experience by being assigned cognitive and physical challenges while having to perform various tasks.

Through the “Pathways Home-Based Buddies” program,” a mentor can meet with your child on an ongoing basis to be a homework buddy, provide modeling and companionship for play dates, activities or other play therapies, and offer friendship and trust. It’s a wonderful opportunity for a child with special needs to learn to make new friends and build socialization skills with peers and older children.

**This is not a baby-sitting service!** Our mentors are matched up with your child’s individual needs and their time spent with your child is given on a voluntary basis as community service. To participate in the program, the parent or legal guardian of the child being mentored is required to be in attendance at all times, train the mentor on how to best help your child, and provide safe and adequate supervision of all activities for an enjoyable and successful experience for both children. The parent of the child receiving mentoring services takes full responsibility for both the mentor and the child with special needs. There are no exceptions. The Montville Recreation Department and Pathways for Exceptional Children cannot provide direct supervision during the Home-Based Buddies program and cannot assume legal responsibility of any kind during this time.

**All Parents: You must be a resident of Montville Township and have a family membership to Pathways to participate. To join Pathways, visit our website at [www.PathwaysKids.org](http://www.PathwaysKids.org).** Whether you are signing up your child for the first time or already participating in the Pathways Home-Based Buddies program, please fill out the enclosed permission slip and send it to: **Pathways Home-Based Buddies, 11 Glenwood Dr, Montville, NJ 07045.** We will then contact you to match up an appropriate mentor for your child for this year. If you have any questions, please contact **Debbie Tabakin: 973-886-4883**, or email **mentor4pathways@yahoo.com**.

## Home-Based Buddies Permission Slip September 2009 - September 2010

Your child's name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School attending 2009-2010 \_\_\_\_\_ Grade \_\_\_\_\_

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Address/Town/Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

I have a current family membership to Pathways.  We are new to the Home-Based Buddies program.  We are already in the program.

Buddy's name (if already in the program) \_\_\_\_\_ We would like to continue with this buddy.  yes  no

Mentoring needs:  Homework helper  Play dates  Check if you are interested in a play date with another child and mentor in your home.

Other \_\_\_\_\_

Buddy preferences:  Male  Female Age range \_\_\_\_\_ Other \_\_\_\_\_

Available days and times to schedule your buddy:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Special needs, medical needs, allergies \_\_\_\_\_

Describe child's personality and social abilities \_\_\_\_\_

Special interests \_\_\_\_\_

List all pets in your home \_\_\_\_\_

**STATEMENT OF AGREEMENT:** I, \_\_\_\_\_, have read all the information on the first page of this form and fully understand and agree to fulfill my responsibilities during the Pathways Home-Based Buddies program as indicated: that the program provides volunteers to mentor my child, not to baby-sit; I will be present at all times; I will train the mentors involved on how to best help my child; I will provide safe and adequate supervision of all activities to make this an enjoyable and successful experience for both children. I take full responsibility for both the mentor and the child being mentored, and I understand that the Montville Recreation Department and Pathways for Exceptional Children cannot provide direct supervision during the Home-Based Buddies program and cannot assume legal responsibility of any kind during this time. My child has my permission to participate in this program.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Mentor Assigned: \_\_\_\_\_ Contact Made: \_\_\_\_\_

Mentor Notified: \_\_\_\_\_ Initial Meeting: \_\_\_\_\_

Mentor Accepted: \_\_\_\_\_ Continuing: \_\_\_\_\_