

PALS Program 2007-2008



History of PALS

The Participation, Awareness, Learning and Sharing (PALS) program was one of the first programs developed when the Asian/Pacific American Student Services office first emerged on campus in the fall of 1984 (then as Services for Asian American Students). Many of the students missed the interactions they had with younger siblings, cousins and children in general. And, many of them also knew what it was like to be one of the few Asian/Pacific Americans in a community. The program was then conceived with mutual benefit in mind for the students, children and families. By the fall of 1986, the program was ready to begin and include 5 students and 5 children from the Ft. Collins community. Since then the program has grown and now includes approximately 25-30 pals pairs annually!

Goals of the Program

The main goal of the program is to provide positive interaction opportunities between Asian/Pacific American Colorado State University students and Asian/Pacific American children (kindergarten through fourth grade) in the community. As much as possible, cultural learning will be a part of the program so that students and children appreciate their similarities and differences as Asian/Pacific Americans. Even if an individual monthly program is not “culture focused”, it will still involve the largest gathering of Asian/Pacific American students and children in Fort Collins!

Expectations of Participants

STUDENTS

All “big pals” (A/PA, CSU students) are expected to attend the all group activities and to let their “little pals” (little brother or sister) know if they are not going to be there.

Also, students should contact their little pals by phone or e-mail at least once a week, to keep in regular contact with them.

Commitment to the PALS programs for the academic year (September through December and February through May).

All get-togethers outside of the group activities must be discussed with and approved by the parents. Coordinators should be informed of the activities as well.

Some student may have cars, and if they choose to transport the children, they **MUST** have a valid driver’s license, insurance, and approval from the parents.

If there is ever an issue, concern, or injury, the parent(s) and PALS coordinators must be contacted immediately. An incident report must also be completed (appendix A). Any concerns, questions, or feedback should be communicated on an on-going basis to a coordinator or the director of A/PASS. Office phone number and coordinator e-mail addresses are provided in this manual.

PARENTS

If there are any special instructions you have regarding your children (food or other allergies, medical conditions, activity restrictions, etc.), please note the information on the form provided (see appendix B). A copy of the form will be provided to the Big Brother or Big Sister as well.

Feel free to contact your child(ren)'s "big pal" so you can be comfortable with your child(ren)'s big brother or big sister.

Any concerns, questions, or feedback should be communicated on an on-going basis to the student pal first. A coordinator or the Assistant Director of A/PASS can become involved if concerns still exist. Office phone number and coordinator e-mail addresses are provided in this manual. Also, complete the program evaluation form at the end of each program and mid year evaluation distributed in December.

Many students are on a tight budget and cannot afford to cover all activity expenses (e.g. child(ren)'s admission into event, or food/refreshments) for themselves and their pals. So, make sure you know the potential cost and provide accordingly for your child(ren) unless the student makes it clear that s/he is planning to pay for everything.

You are welcome to attend any event, but you may also drop off your child(ren) at the beginning of the program and return at the program's conclusion. If someone other than you is picking up your child, please let us know ahead of time and make sure the person who comes has some kind of photo identification.

Let the student pal know if your child(ren) is/are not able to make the all-group monthly event.

Program evaluation forms help give us feedback and we appreciate your completing and returning them to us.

A/PASS Office

All group events will be coordinated and attended by A/PASS staff members. As much as possible, events will be free for participants.

A calendar of events for each semester will be provided at the beginning of each semester so participants can plan accordingly as their schedules allow.

If there are concerns from students, parents, or children, they will be immediately addressed.

We will post children's picture (without names) from the program event on our PALS section of the A/PASS website ONLY with written permission of parents (Appendix C).

The PALS website will be updated regularly so participants can consult for current information and view past events!

PALS Coordinators

Name	E-Mail Address
Jay Baillargeon, Education Coordinator	jpbaila@simla.colostate.edu
Ruiping Hu, Education Coordinator	jie_pinghu@yahoo.com

We can also be reached at the A/PASS Office:
212 Lory Student Center
(970) 491-6154

Or on the Web at:
<http://www.apass.colostate.edu/pals.asp>

P.A.L.S. Schedule 2007-2008 (*Tentative*)

2007

1. Sunday, September 16, 2007, from 1-3pm in A/PASS (212 Lory Student Center)
2. Sunday, October 7, 2007, from 1-3pm in 224-226 Lory Student Center
3. Sunday, October 21, 2007, from 1-3pm in 224-226 Lory Student Center
4. Sunday, November 4, 2007, from 1-3pm in 224-226 Lory Student Center
5. Sunday, November 18, 2007, from 1-3pm in 224-226 Lory Student Center
6. Sunday, December 2, 2007, from 1-3pm in 224-226 Lory Student Center

2008

1. Sunday, February 3, 2008, from 1-3pm
2. Sunday, February 17, 2008, from 1-3pm
3. Sunday, March 9, 2008, from 1-3pm
4. Sunday, March 30, 2008, from 1-3pm
5. Sunday, April 13, 2008, from 1-3pm

Appendix A
PALS Incident Report

Name of Child _____

Name of Student _____

Date _____

Time _____

Place _____

Description of Injury _____

How injury was sustained _____

Treatment and/or other response _____

PALS Incident Report

Name of Child _____

Name of Student _____

Date _____

Time _____

Place _____

Description of Injury _____

How injury was sustained _____

Treatment and/or other response _____

Appendix B
PALS Information Form
2007-2008

Child(ren)'s Name(s): _____

Parent's Name(s): _____

In case of emergency, contact:

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Any special medical or dietary conditions of which we should be aware:

Individuals authorized to pick up my child(ren) from PALS events:

Appendix C
Parent Consent Form
2007-2008

For our program records, we will be taking pictures at the various PALS events and may post some of them on the web site. We will not identify any of the children by name. Please sign below if you give permission for us to use pictures of your child(ren) to accompany PALS articles we might write.

I _____ give permission for A/PASS to use pictures of
_____ for purposes of promoting or
describing the PALS program.