

Ateyapi

"Mentoring through cultural perspectives"

A Project of Rural America Initiatives



Greetings Parents/Guardians,

We are very happy to announce that the Ateyapi high school program will returned with a new program called Tokata Eyucgan Po (T.E.P.)-Thinking About the Future. The Ateyapi T.E.P. Thinking About the Future is a funded by the Family and Youth Service Bureau, Dept. of Health and Human Services. The new Ateyapi High School program will be back at the Rapid City High School, Central High School and Stevens High School starting this fall.

The Ateyapi T.E.P program will offer students: mentoring, tutoring, Lakota culture lessons, and HealthSmart curriculum lessons. For more information about the curriculum <https://www.etr.org/healthsmart/lessons/high-school>. This is a free program where after program transportation (within city limits) will be provided for the Ateyapi students who enrolls in the HeathSmart curriculum program. Due to staff work hours transportation is not provided to school.

The official program start date is pending and we will inform parents and students when we a have set start date. Our staff will be in training these upcoming weeks to prepare for new students. Program acceptance letters or waiting list letter will be sent to parents prior to the start of program.

We are accepting student applications. Applications can be returned to the school office or emailed to me at stephanie.eare@k12.sd.us. For any further questions I can be reached at 605-391-0126.

The newly assigned Central High School mentor is Bryer Cottier. Byer has worked for Ateyapi this past year. His previous work assignment was working for the Ateyapi Wicozani Middle School Program.

Thank you for your time and we look forward to working with your students.

Respectfully,

Stephanie Eare Savoy

Ateyapi Thinking About the Future

Program Coordinator



Has student transferred
from another school?
Last school attended:

Ateyapi High School
School Year 2021-2022
Student Application Form
Tokata Eyucgan Po-Thinking about the Future

Date Received: _____
Waiting List? _____
Office Use _____

Student Information

*Name: _____ *Gender: _____
(First, Middle, Last) must have middle name)

*Address: _____ *Parent Phone #: _____
*Student cell #: _____ *Parent's Email: _____

*DOB: _____ *Age: _____ *School: _____ *Grade: _____

Race:

Amer. Indian/Alaskan Native _____
Asian Pacific/Pacific Islander _____
Black (non-Hispanic) _____
Hispanic _____
White (non-Hispanic) _____
Other _____

Living Situation:

With Mother _____
With Father _____
With Step-Parent _____
With Legal Guardian _____
With Other Relative _____
Foster Care _____
Shelter _____
Treatment Center _____
Detention Center _____
Other _____

***Parent/Legal Guardian Information**

Father's Name _____

Mother's Name _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

I give permission to participate in the Ateyapi Program. Yes _____ No _____

I give permission for the Ateyapi Program to transport my student. Yes _____ No _____

I give permission for my child to participate in activities and field trips throughout the year. Yes _____ No _____

I give permission for the Ateyapi Program to photograph my student for use in newsletters, brochures, videos, news releases, program social media page.

Yes _____ No _____

*Parent/Guardian Signature (*required)

Date

Ateyapi High School

Ateyapi
Medical Consent Form
School year 2021-2022

This form must be completed by a parent/guardian before your child can participate in Ateyapi activities.

*Student's Name: _____
(First, Middle, Last)

*Date of Birth: _____

*Mailing Address: _____

In case of an emergency please call

*Name & Telephone #: _____

*Name of Physician: _____ Medical center: Sioux San, Oyate Health or Monument Health?
Circle one

*Physician's telephone #: _____

Any specific medical conditions requiring medical treatment/and or medication? _____ Yes _____ No
If yes, please explain. Are they taking any medication? If yes, what kind of medication.

*Any food allergies? _____ Yes _____ No If yes, give details: _____

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I, * _____ being parent/guardian of the above named student give permission to the Ateyapi Program to give immediate necessary authority for any emergency medical treatment recommended by a medical professional. I will not hold the Ateyapi Program responsible for any accidents or injuries that may occur.

*Signature for consent: _____

Date: _____

IN case of medical emergency this consent form will be given to medical provider.

One mentor copy & one copy to program coordinator

(* Required Information)

Rural America Initiatives
Ateyapi Tokata Eyucgan Po Project
Thinking About the Future Program

2112 South Valley Drive
Rapid City, South Dakota 57703

Evaluation Consent Form

Student's Name (Print) First: _____ Middle: _____ Last: _____

Parent or Guardian's Name (Print) _____

BACKGROUND AND PURPOSE: You are being asked to give permission for your child to participate in the evaluation process for the **Ateyapi Tokata Eyucgan Po Project**. Your child will be asked to complete pre and post assessments that asks questions about their Lakota cultural knowledge, everyday social behaviors and participation in any risk behaviors (substance use and abstinence practices). The purpose of this evaluation process is to learn more about the effectiveness of the **Ateyapi Tokata Eyucgan Po Project** in helping students become more knowledge about their Lakota culture and heritage, avoiding anti-social and risk behaviors, and making healthy decisions.

PROCEDURES: The format of the evaluation process includes the completion of at least two on-line assessments before and after completing the sixteen (16) lessons in the *Health Smart High School curriculum*. Additionally, the students may be interviewed to provide feedback about the program and what they have gained by participating in the **Ateyapi Tokata Eyucgan Po Project**.

CONFIDENTIALITY AND RISK: In the acquisition of any data or information regarding your child it will remain confidential and coded with no direct link to the child's name, address, family, or personal identity if disseminated in a report to the government or other public publications. The child does not have to answer any questions or discuss any topics that makes him or her feel uncomfortable.

WITHDRAWAL OF PARTICIPATION: Should you decide at any time during the evaluation process that you no longer wish to participate, you may withdraw your consent without any prejudice. The student may continue to participate in the program.

REQUEST FOR MORE INFORMATION: You may ask more questions about the study at any time. Please contact Dr. John J. Usera, Principal Evaluator & Researcher, Delta Evaluation Consulting, LLC at jusera@deltaeval.com or Stephanie Savoy, **Ateyapi Tokata Eyucgan Po Project** Coordinator at (605) 391-0126.

SIGNATURE: I confirm that I understand the purpose of the evaluation process, the study procedures, the possible risks and discomforts as well as benefits to the participant. All questions have been answered. The participant has agreed to participate in this evaluation process.

Signature of Parent or Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Circle the appropriate responses:

High School: CHS SHS RCHS Other: _____ **Gender:** M or F **Grade:** 9 10 11 12