



# Summit Teen Leadership Training Outline and Questionnaire

Name (Please Print)

Birth Date

Address (Street/City/State/Zip)

( )

Home Telephone

( )

Work Phone

Workshop Date

New/Reviewer

Person who referred you to Summit

## Welcome

Congratulations on your choice to participate in the Summit Teen Leadership Training. It is our privilege to work with young people who, like you are committed to moving forward in their lives as leaders. You have dedicated yourself to an important educational experience, and an exciting journey awaits you.

The information and questions on this form are meant to provide you and your parents with some practical details about how the training works. They are also meant to provide the Summit Teen Trainers and volunteer staff with information that will help us to tailor the training around your needs and interests. Please read this form carefully and answer all of the questions completely and honestly.

Please read through this form with your parents and have them sign the space designated for their name. If you have any questions, please call us at 954-698-3093

All parts of the forms must be complete before you can begin the training.

We believe that after completing this form, you will have a better idea about what to expect in the Summit Teen Leadership Training and your personal goals will become clearer. This will help you to get the most value out of the training.

It is our privilege to serve you.

*The Summit Education Staff*

*“The quality of man’s life is in direct proportion to his commitment of excellence”*

*Tom Landry  
Football Hall of Fame(coach)*

## SCHEDULE OF THE WORKSHOP

Friday	Registration Session	6:00 PM – 7:00 PM 7:00 PM – 10:00 PM
Saturday	Session	10:00 AM – 9:00 PM
Friday	Session Parent Orientation Celebration	10:00 AM – 6:00 PM 5:30 PM – 6:00 PM 6:00 PM

*Family and friends are welcome to attend the celebration*

Two weeks of Follow-up/Personal Coaching by Phone

**PLEASE SCHEDULE YOURSELF TO  
ATTEND ALL SESSIONS OF THE TRAINING  
AS WELL AS PARTICIPATING IN THE  
FOLLOW-UP COACHING.**

Summit Education Inc  
161 12<sup>th</sup> Street SE  
Vero Beach FL 32962

(954) 698-3093

<http://summiteducation.com>

# STRUCTURE OF SUMMIT TEEN LEADERSHIP

Summit Teen Leadership is an in-depth experience of the principles of leadership and the basic distinctions of effectiveness.

The Summit Teen Leadership Training is an experiential learning program that calls for youthful and committed participation. The training includes the following types of activities:

**Interactive Discussions** - The trainer will present various topics relevant to issues that typical teenagers face. This includes: Keeping Commitments; Making Choices; Responsibility vs. Blame; Dreams and Goals; Effective Communication; Self-Esteem; Contribution and Team Work; Relationships; and Leadership. In these discussions the trainer will discuss a particular point of view about these subjects. The purpose is not for you to agree or disagree with what is said, but rather to assist you in observing how you relate to these particular subjects. In observing yourself in the training, you can learn about your principles, commitments, and relationships.

**Sharing** - Throughout the training you will have the opportunity to learn about yourself through communication: speaking about what you are learning, and listening to the experiences of others. Such sharing occurs one-on-one, in small groups, or in front of the entire training group.

**Small Group Exercises** - At the start of the training you will choose a small group with an average of 6-8 other participants. During the 3 days of the training, you will meet with your small group to discuss and share what you are learning as well as to participate in other experiential exercises. A volunteer staff member will act as facilitator for your group.

**Personal Coaching** - At times you may have direct interaction with the trainer. The trainer will relate to you from the perspective that you are capable of effectively handling the circumstances in your life and that you are committed to extraordinary accomplishments. The trainer will also ask you to take personal responsibility rather than being powerless in the face of life's obstacles. Interactions with the trainer is an opportunity for you to examine the limitations of your world view, therefore you may feel challenged, anxious or uncomfortable in going outside of your comfort zone.

**Games** - You will, as part of a group, play games to reveal the competitive and cooperative strategies you use, and also to illuminate the possibility of meeting both

group and individual commitments throughout your life.

**Closed-Eye Processes** - During a closed-eye process the trainer will guide you through a creative visualization. Frequently music and the lowering of lights are used during these processes to facilitate relaxation and promote creativity.

**Insight and Discovery Homework** - At the close of each day you will be given a homework assignment to be completed before the next session begins. The homework is designed for you to continue your discovery, bring greater clarity to what you are learning, and prepare you for the next day's session.

**Declarations and Action Planning** - On Sunday of the training, you will write short and long term goals and identify actions you can take that will support you in reaching them. This is an opportunity to get coaching and feedback on how you can use the tools that you have learned over the weekend to meet your goals every day.

**Food and Rest** - During the 3-day weekend, it is important that you get sufficient rest and food. Every 2 to 4 hours there will be a 15-30 minute break and on Saturday for approximately 1-1/2 hours in the late afternoon a dinner meal will be provided. Be sure to eat a sustaining meal each day before coming to the training. You may need to adjust your schedule to be assured of getting sufficient sleep. This is your personal responsibility. Without sufficient food and rest, your training experience will be diminished. Please arrange your schedule accordingly.

**Ground Rules**  
Important aspects of every organization, activity, or game are defined in its rules. The following ground rules are integral to the success of the Teen Leadership Training. They will be presented to the entire training group on Friday evening of the training.

1. Maintain confidentiality of other participants' experiences. In order to preserve spontaneity, do not discuss or disclose the experiential parts of the training with someone who has not taken the Teen Leadership Program. Please note: Summit Education cannot guarantee confidentiality.

2. Be on time. During the weekend, the workshop starts at 7:00 PM on Friday, 10:00 AM on Saturday, and 10:00 AM on Sunday.

3. Attend the entire 3-day weekend, and

participate during your coaching for the two weeks following.

4. Do not side talk. Ask questions, talk and share only when acknowledged by the trainer or during designated sharing periods.

5. Do not smoke, eat, chew gum, or drink beverages inside the training room. Bottled water is the only exception. Do not smoke outside the building before or after class, or on breaks.

6. No alcohol, marijuana, or other non-prescription mood altering drugs are to be used either in or out of the training through the completion of Sunday of the 4-day session and the Completion Evening/Guest Event Workshop.

7. Be responsible for your well being. This includes getting sufficient food and sleep during the training, and taking any prescribed medications on schedule.

8. Wear your nametag in a visible location during training hours. Turn in your nametag before meal breaks and at the end of each day.

9. Turn off and remove all cellular phones and pagers before entering the training room. **Recommendations:**

1. Sit in open body position. 2. Be sensitive to when you leave the room to use the bathroom. 3. Respect other users and the physical plant of this facility.

## The Four Pillars of Leadership

Integrity

Commitment

Contribution

Responsibility

Summit Education Teen Leadership Program expects all students will voluntarily participate, come prepared to put forth their best effort, try new activities, work as part of a team and follow instructions.

As mentioned above, the ground rules will be reviewed, explained and agreed upon Friday evening.

I have read the information within this packet and understand and agree to participate in the training.

***I understand that I will not be able to take the training without all forms and necessary signatures completed.***

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
Date

**Confidential Health Information** Please answer all of the following questions completely. Your answers will be kept confidential.

The information you provide here will enable our trainers and staff to better support your participation. Our goal is to invite all students, individually and collectively as a group, to participate fully. This may include interpersonal reflection, choices about the past, and commitments to the future and group / team challenges.

Although lead and assisted by a trainer and volunteer staff, it is not possible for Summit Education to predict any participant's experience.

If you have any questions about the appropriateness of your participation at this time, please consult a trained professional. In some cases, as instructed in the next section of this form, we require that you do so in order to participate in the training

1. Gender:  
 Male  Female

2. Have you ever had any therapy or psychological counseling?  
 Yes  No If yes, give approximate beginning and end dates:  
 \_\_\_\_\_

3. Are you currently in therapy?  
 Yes  No Reasons for current counseling: (check appropriate responses) [  
 Academic  Family Issues  Depression  
 Substance Abuse  Other  
 \_\_\_\_\_

4. Have you ever been prescribed or are you currently taking any medications commonly used to treat emotional illness, such as depression, anxiety, ADD/ADHD and/or Prozac, Zoloft, Paxil, Wellbutrin, Effexor, Concerta, Adderall, Ritalin, or others?  
 Yes  No  
 If yes (to #4), please list below:

5. Do you have any physical limitations that are likely to be an obstacle to your participation in the training?

Yes  No

If yes, describe:

**Important:** If you answered "Yes" to questions 2 or 3 above, and "No" to questions 4 and 5, read and follow the directions in Section A.

6. Do you currently have a substance abuse problem and/or chemical dependency (drugs, alcohol, etc.)

Yes  No

If yes, you are not permitted to participate in the Summit Education Teen Leadership Training. We recommend and sincerely encourage you seek appropriate support.

**Emergency Contacts** *Must have two contacts with complete information. In case of emergency contact (please print):*

Name/Relationship: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Day Telephone :(\_\_\_\_\_) \_\_\_\_\_ Day Telephone:(\_\_\_\_\_) \_\_\_\_\_

Evening Telephone :(\_\_\_\_\_) \_\_\_\_\_ Evening Telephone:(\_\_\_\_\_) \_\_\_\_\_

**Section A** .....

If you answered "Yes" to any part of question 2 and/or 3 above (but "No" to questions 4 and 5), indicating that your child was formerly or is currently in therapy, we require that you and your child discuss with your former/current therapist the advisability of taking the Summit Education Teen Leadership Training at this time. Please ask your therapist to read the first three paragraphs of the "Therapists/Physician's Release," although he/she is not required to sign the release.

We also urge you to express any concerns you may have, and listen closely to any concerns your therapist may have for your child. We strongly recommend that you follow your therapist's advice as to whether or not this is an appropriate time for your child to participate in the training. If your therapist requires more information, he or she is welcome to review this form and call us (954) 698-3093.

Once you have spoken with your therapist, please complete the following:

I have talked with my child's therapist, (please print therapist's name) \_\_\_\_\_, and asked his/her opinion about my child's participation in the Summit Education Teen Leadership Training. My choice to allow my child to participate in the Teen Leadership Program at this time is made with the benefit of the therapist's advice.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Section B** .....

If you answered, "Yes" to questions 4 and/or 5, we recommend that you strongly reconsider your participation in the Summit Education trainings. We are not qualified to assess your child's current state of health, nor do we offer the kind of expert assistance you may require in the event of a problem. If, upon reconsidering, you choose for your child to participate, you must consult with his or her counselor or therapist (or physician, in the case of question 5) and obtain his or her signature on the following "Therapists/Physician's Release" at least 48 hours prior to your child beginning the training.

**Therapist's/Physician's Release**.....

*To be signed by your Therapist or Physician only if you answered "Yes" to questions 4 and/or 5, in the previous Confidential Health Information section, and you choose for your child to participate in the Teen Leadership Program.*

Dear Counselor or Doctor,

Your client has expressed the desire to participate in the Summit Teen Leadership Training. We require that he/she discuss this choice with you. If you are not already familiar with Summit Education or desire additional information, please feel free to call us at (954) 698-3093

We believe that those who benefit most participating in our courses are healthy people whose lives are already working well.

Our programs ask participants to rise above his/her self imposed limits while facilitating the group moving forward to independence and leadership. The courses are interactive and experiential, not conceptual or abstract. Therefore, a student's emotions are likely to come into play as they engage in the process of self-examination.

We encourage direct communication and honesty from all participants. During the training many participants find that they are able to remember and confront issues they do not feel comfortable dealing with in their day-to-day lives. While this is valuable for most, it may not be appropriate for some individuals. We do not wish to interfere with the therapeutic relationship in any way, and Summit Education is not for those with problems that should be addressed in therapy, and are conducted by trained mental health

professionals. We feel it is important for you and your client together to determine the appropriateness of his/her participation. The structure of the training calls for a great deal of activity and participation, unlike classroom setting in which participants sit most of the time. If your patient has a medical condition that may be affected please take note of the structure and the hours of the training.

We request that you review the information contained in this Outline and Questionnaire, and discuss with your client the appropriateness of his/her participation at this time. If you agree that your client's participation is appropriate please indicate your willingness to allow your client to participate in the trainings by signing below.

Therapist's/Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax \_\_\_\_\_

**Disclaimers** Summit Teen Leadership Training is beneficial for the vast majority of participants in terms of increasing personal effectiveness and overall satisfaction of life, but should not be taken to resolve emotional problems for which therapy or similar treatments are generally used. It is an experiential education program designed to enhance personal effectiveness. It is not intended to be used for psychotherapy or counseling or an alternative to psychotherapy, therapy, or any kind of counseling. Summit Education is not a psychological support group or a therapeutic environment. Summit Education's staff is not trained mental health professionals and they are not trained to treat psychological problems or to provide treatment to an emotionally or psychologically distressed person. If you have, or believe you may have, a problem requiring psychological treatment, please do not attend any Summit Education trainings. We urge you to see a qualified professional.

**Verification** I hereby acknowledge and attest that I am over age 18 and have thoroughly and carefully read the information contained herein. I understand it, and my child and I have answered all of the questions fully and truthfully. I take full responsibility for my child's participation in the Summit Education Teen Leadership Training.

**I understand that my child will not be able to take the training without all forms and necessary signatures completed.**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



5. How would you describe your physical appearance?

6. How would your friends describe you as a friend? (personality, attitude, character, etc.)

7. How would your teachers describe you? (personality, attitude, character, etc.)

8. If you could “turn back the clock” in time, to any point in your life, what would you do differently?  
Why?

9. What are your greatest achievements?

10. If you were able and had the authority to change anything in your life, what would you want to change? Why?

11. What are your dreams and aspirations for the future? What would you really love to do as an adult?

12. List 2 events or memorable experiences that have had the largest impact on your life.



5. Describe how your child gets along with:

a. Parents

b. Teachers

c. Peers

6. Is there anything else you can share with our trainers and staff that may help your son or daughter have a positive and rewarding training?

7. What do you hope your child will learn and/or accomplish by participating in the ChoiceCenter Teen Leadership training?

8. Describe the vision and aspirations you have for your son or daughter.

9. What characteristics do you value and appreciate about your child?

10. If you could enhance your relationship with your child, how would you like it to be?