

[www.pyfa215.org](http://www.pyfa215.org)



# **Philadelphia Youth Football Academy**

## **Post-Secondary/ Life Skills Packet**

**Dear Students,**

**You are about to commit to and join a TEAM that will explore the world of sports/athletics and all its wonderful careers.**

**By signing below, you will be committing to and engaging your teammates and coaches and great people explored in various field Post-Secondary and Career Workforce Enrichment. Your involvement will include some writing, research, interviewing and filming. Our program will need your full participation in all projects and culminating activities. Lastly, we ask that:**

- 1. RESPECT all your peers (teammates, coaches (mentors) and adults)!!!**
- 2. Try and complete all your tasks, Homework and attend tutoring sessions!!!**
- 3. Attend all your classes and STAY OUT OF THE HALLS!!!!!!**
- 4. INFORM an adult when you need help!!!!**
- 5. Do not “Throw Shade” @ at a PYFA member or adult (your teammates and coaches)!!!!**
- 6. Remember 1-5!!!!**

**If you can attend 90% of the activities, you will earn and be given incentives.**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Philadelphia Youth Football Academy  
Post-Secondary/Workforce LIFEPLAN Search SELECTION**

**SELECT 8 HOURS OF COURSE WORK**

**STUDENT NAME** \_\_\_\_\_

**GRADE LEVEL** \_\_\_\_\_

**MIDDLE SCHOOL** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**M**

**W**

**F**

\_\_\_\_\_  
**4:00pm to 5:00pm**

\_\_\_\_\_  
**4:00pm to 5:00pm**

\_\_\_\_\_  
**4:00pm to 5:00pm**

**T**

**TH**

\_\_\_\_\_  
**4:00pm to 5:00pm**

\_\_\_\_\_  
**4:00pm to 5:00pm**

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**(FALL) Mandatory for all program members to attend from 4:00pm to 5:00pm**

**Guest will be allowed to attend some sessions.**

**Please bring this form with you when you arrive to the program.**

**HIGH SCHOOL/COLLEGE/TRADE SCHOOL PROFILE**

**NAME OF SCHOOL**\_\_\_\_\_

**LOCATION**\_\_\_\_\_

**STATE**\_\_\_\_\_

**ZIP**\_\_\_\_\_

**PHONE #**\_\_\_\_\_

**CAREER/MAJOR**\_\_\_\_\_

**NUMBER OF STUDENTS ENROLLED**\_\_\_\_\_

## **Post-Secondary Search SELECTION**

Youth will use these pages to think through and write down their strengths, weaknesses, and needs, and what they want in a high school.

What are your strongest subjects? What do you like to learn?

What are your weakest subjects? What would you need to succeed?

What are three things you want in a high school, college, or trade school (ex. band)?

Are sports programs and other extra-curricular activities important to you? Which ones?

Do you have any other special talents or interests?

## **QUESTIONS FOR PARENTS/CAREGIVERS**

Does your teen read well or struggle with reading?

Does your teen have any learning difficulties? Do they have an Individualized Education Program (IEP)?

What are three things you want in your teen's high school or college/trade school (for example, after-school programs, SAT prep, pre-certification classes)?

Does your teen have any behavior problems? If so, what kind of environment does your teen thrive in?

Does your teen need one-on-one support? What kinds of teachers does your teen have the most success with?

Does your teen do better in a large group setting or prefer smaller learning environments?

On this page, write down your top school choices based on your search. Make notes of important information as you find schools so that you can easily plan to visit the school when the time comes.

SCHOOL	NOTES

# SCHOOL VISITS

Once you have narrowed down your top choices, it's time to visit schools. This is the time to ask principals and teachers any questions you might have. Use the example form on the next page during your first school visit to know what questions to ask and what to look for when you're searching for a school. Visit [greatphillyschools.org](http://greatphillyschools.org) to find school addresses, phone numbers, and emails.

SCHOOL NAME: \_\_\_\_\_ STAFF MEMBER NAME: \_\_\_\_\_

## Expectations

What are your academic expectations for your students?

## Communication

How and when are you available to speak with parents and caregivers? How can I get involved or stay updated?

## Student performance

How does your school support students who struggle? What about students with IEPs and different learning abilities? How many of your students attend college? What colleges do they attend? If not college, what careers are they going into?

## School safety and culture

What are your behavioral expectations for your students? When issues in the school come up, what does your school do to address them? Write any other impressions, questions, or ideas you might have.

## Teachers

How do teachers measure student achievement? How long have most teachers been employed at your school?

## Notes

Write any other impressions, questions, or ideas you might have.





## Life Plan Template #1

**Directions for students:** *Make a goal for each area of your life in each box. Make the goals realistic and achievable in the timeframe indicated. Think about what support or resources you might need and how you will know you have reached your goals. Be sure that your goals are SMART (Specific, Measurable, Achievable, Realistic, and Time-Based).*

LIFE AREA	NEXT MONTH	3 MONTHS	6 MONTHS
<b>My Education</b> GED, college, self-directed learning, certifications, etc.			
<b>My Job and Career</b> skill development, resume prep, job shadowing, career explorations, etc.			
<b>My Family and Friends</b> family relationships, parenting goals, goals for or with friends, support network, mentors, etc.			
<b>My Health</b> physical health, emotional health, exercise and nutrition, rest and relaxation, etc.			
<b>My Finances</b> savings, debt, credit, money management, budgeting, asset development, etc.			
<b>My Leadership</b> skills to develop, LD opportunities I want, community service, civic engagement, upcoming elections, etc.			
<b>Other</b> spiritual practice, housing, other personal goals, etc.			

## Life Plan Template #2

**Directions for students:** Make a goal for each area of your life in each box. Make the goals realistic and achievable in the timeframe indicated. Think about what support or resources you might need and how you will know you have reached your goals. Be sure that your goals are SMART (Specific, Measurable, Achievable, Realistic, and Time-Based).

	SHORT TERM		LONG TERM	
	Goals	Resources	Goals	Resources
<b>Education</b>				
<b>Employment</b>				
<b>Housing</b>				
<b>Family</b>				
<b>Leadership</b>				
<b>Community</b>				

## Student Transition Questionnaire

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the boxes or fill in the blanks for the following questions. This will give us an idea of what you are interested in doing after you graduate. It will also help your teachers work with you and your parents/guardians to plan your Individual Education Plan (IEP) and Transition Plan to help you meet your goals.

What type of job or career are you interested in doing after you graduate?

\_\_\_\_\_

First choice                      Second Choice                      Third Choice

What jobs or careers would you like to know more about?

\_\_\_\_\_

Please list any jobs or careers that you would **NOT** like.

\_\_\_\_\_

Do you want to work full time or part time? \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Do you plan to get a driver's license? Yes No

Do you already have a driver's license? Yes No

How will you get to work?

<input type="checkbox"/>	My own car	<input type="checkbox"/>	Car pool
<input type="checkbox"/>	Family car	<input type="checkbox"/>	Public transportation
<input type="checkbox"/>	Parent/guardian will drive me	<input type="checkbox"/>	Pay others for transportation

Check what you would like to do after high school.

<input type="checkbox"/>	College, 4 year	<input type="checkbox"/>	Supported Employment (Job Coach)
<input type="checkbox"/>	College, 2 year	<input type="checkbox"/>	Day Program/Day Habilitation
<input type="checkbox"/>	Career/Technical College	<input type="checkbox"/>	Volunteer Work
<input type="checkbox"/>	Competitive Employment _____ Full time _____ Part time	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Adult Education Classes	<input type="checkbox"/>	
<input type="checkbox"/>	Military Service	<input type="checkbox"/>	

Check the items that you have.

<input type="checkbox"/>	Social security card	<input type="checkbox"/>	Selective service registration (male, age 18)
<input type="checkbox"/>	Birth certificate	<input type="checkbox"/>	Checking or savings account
<input type="checkbox"/>	State of Georgia ID	<input type="checkbox"/>	Health insurance
<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Auto insurance

Where do you want to live after graduation?

<input type="checkbox"/>	My own apartment or house	<input type="checkbox"/>	Assisted living (group home)
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	Dormitory		Living arrangements are not a concern at this time
	Continue to live with my family		Other:
	Supported living (own place with supports for areas of need)		

Please check any services that you feel you need more information about.

	Interest Inventories		Career/ Tech Education
	In-School Job Placement		Vocational Rehabilitation
	Community Work Experience		College Entrance Exams (SAT, ACT)
	Summer Jobs		
	Job Shadowing		Guidance Counseling
	Transportation and Drivers Education		Assistance completing applications
	Consumer Sciences/ Home Economics		Training in handling emergencies
	Money Management Training		First Aid training
	Time Management		Self –Advocacy training
	Interviewing/Job Skills		Community Awareness Activities
	Speech Services		Managing my health care
	Audiologist Services		Insurance and benefits
	Accommodations and Technology		Recreational Activities
	Study Skills Courses		
	Anger Management		
	Goal Setting		

What would you like us to know about you and your future plans?

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How can we help you be successful after graduation?

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What do you do for fun? What type of hobbies do you have?

	Arts and crafts		Sports		Going out with friends
	Collections		Watching TV		Bowling
	Music		Shopping		Swimming
	Video games		Skating		Other:
	Computer		Cooking		
	Bicycling		Reading		
	Fishing/hunting		Restaurants		

## **MONTHLY INCENTIVES**

### **THE MONTHLY INCENTIVE PROGRAM WILL RUN FOR 4 MONTHS STARTING IN SEPTEMBER THROUGH JUNE**

- **Criteria for the monthly incentive program:**
  - ✓ **Attend 2 Hours of A+ SAT Instruction Weekly (One Hour Tuesday & Thursday)**
  - ✓ **Gain Additional Points Monday-Friday (1hr = 1 point)**
  - ✓ **Complete All A+ Homework Assignments (1 point each)**
  - ✓ **Complete TestGear Curriculum (1 unit = 5 points)**
  - ✓ **Complete College Search (5 points)**
  
- **The first 3 students that reach the monthly incentive goal of 50 points each month will have the opportunity to pick from a number prizes:**
  - ✓ **2 Tickets to a Professional Athletic Event**
  - ✓ **2 Tickets to a College Athletic Event**
  - ✓ **2 CD's**
  - ✓ **2 DVD's**
  - ✓ **2 Movie Passes**
  - ✓ **Gift Card to Book Store**
  - ✓ **Gift Card to a Sporting Goods Store**
  - ✓ **Gift Card to Bed, Bath and Beyond**
  
- **The first 2 students to attain 250 points will attend a college tour paid by PYFA.**

## Sources

<https://az.pbslearningmedia.org/>

<https://greatphillyschools.org/s/resources>

[www.isaasports.com](http://www.isaasports.com)

<https://www.lessonplanet.com/search?keywords=sports+management+projects>

[National Mentoring Alliance Resources | YouthBuild USA National Mentoring Alliance Community of Practice \(youthbuildmentoringalliance.org\)](#)

PBS Learning Media

Collection of free standards-aligned videos, interactives, and lesson plans.

<https://philaschool.my.salesforce.com/sfc/p/>