

EXECUTIVE FUNCTION "JUMP START" FOR HIGH SCHOOLERS

This Summer at PEAK
Exceptional Services

Executive Function Skills: School Year "Jump Start"

High School Students

Saturday August 11, 2018
12:00 – 3:00pm
In our Northglenn Office

What is Executive Function?

Executive functions of the brain are cognitive functions that activate, integrate, and control other functions of the mind. Think of the conductor of the orchestra. The conductor has to be able to get each musician of the orchestra to play together, in harmony, on beat to make beautiful music. Students need the skills for the conductor in their brain to successfully bring together all of the pieces to complete tasks and achieve their goals. EF thinking skills "allow us to create a picture of a goal, a path to that goal, and the resources we need along with way. - *Executive Skills in Children and Adolescents*, Dawson & Guare, 2010, pg. 2

Space is Limited – Register Now!

registration@peakgifted2e.com or

Call: (720) 377-3250

Students Will Practice Strategies For:

- Become a "Future Thinker" - Learn how to envision a goal, task, or expectation clearly in order to plan for success. This includes short-term goals such as completing a classroom task and long-term goals and dreams such as post-secondary plans.
- **Motivation** - Learn what motivates you and how to use future thinking to accomplish goals even when you don't feel motivated.
- **Long Term Project Planning** - Learn how to plan for success when you have weeks or even a whole semester to complete a project.
- **Time Management** - Learn how to estimate time, manage time, and figure out what steals your time.
- **Systems of Success** - Learn how to set up personal systems to accomplish goals, stay organized, reflect on progress and adjust.



Assessment • Counseling • Coaching

Executive Function High School "Jump Start" Workshop Registration

Saturday August 11th, 2018 12:00-3:00pm

Facilitator: Elizabeth Morarie, B.A., Gifted/2e Specialist

Fee: \$150 – must be paid in full by July 31

Student 1 Full Name: _____

DOB: _____ Grade for 2018-2019 School Year: 9th 10th 11th 12th

School for 2018-2019 Year: _____

Student 1 email address: _____

Student 2 Full Name: _____

DOB: _____ Grade for 2018-2019 School Year: 9th 10th 11th 12th

School for 2018-2019 Year: _____

Student 2 email address: _____

Parent Name(s): _____

Address: _____

City: _____ ZIP: _____ Phone: _____

Parent Email(s): _____

Parent Phone: (H) _____ (C) _____ (W) _____

Emergency Contact Name: _____ Phone: _____

Please Initial Your Acknowledgement of the Following:

____ Parent understands that a deposit of \$50 is required to hold a student's spot in the Executive Function Boot Camp. **Deposit is Non-Refundable.**

____ Balance must be paid in full by July 31, or your student may lose his/her spot to someone on the wait list. **No refunds will be made after this date.**

Signature of Parent _____ Date: _____

Please return this form with payment via email (registration@peakgifted2e.com)

fax (720) 356-0172, or mail: PEAK Exceptional Services,
Attn: Terri Lucero, P.O. Box 53, Eastlake, CO 80614-0053

Integrative Health Solutions, PLLC d/b/a PEAK Exceptional Services
Credit Card Billing Authorization Form

If you would like to enjoy the convenience of using a credit card for payment of the Executive Function High School Workshop, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

Customer Information:

Parent Name: _____ Phone: _____

Student Name(s): _____

Payment Information

I authorize Integrative Health Solutions, PLLC to bill the card listed below as specified (Check one)

___ Amount: \$150.00/per student - Payment in FULL for High School Workshop.

___ Amount: \$50/per student - for Deposit (Now), \$100/student Balance to be processed on 7/31/17

___ Amount: \$100.00/per student – Balance due for HS Workshop.

Credit Card Information

Integrative Health Solutions, PLLC accepts most major credit cards.

Credit card type: _____ Credit card number: _____ Expires: _____/_____/_____

Cardholder's name: _____ Cardholder's Zip Code (required) _____
(as shown on credit card) (from credit card billing address)

Cardholder's Billing Address: _____
(Street Address) (City/State)

Security Code Number (CVV) On Card: _____ **Cell Phone (Text) or Email Address for Receipts:** _____

Authorized Cardholder Signature: _____ Date: _____