

Who We Are

What We Do

Mission Statement

Changing the lives of young men of color by providing culturally specific services to develop positive self-identity, restore relationships, prepare for and secure employment, become positive members of society, establish relationships with other community resources/providers and develop leadership skills by mentoring others.

The I AM Academy Preamble

Each day is a new opportunity to be better than yesterday. Today, **I AM** committed to having a great day by remembering that **I AM** smart, **I AM** disciplined, **I AM** respectful and **I AM** strong. **I AM** in school for the sole purpose of furthering my education, attaining good grades, pursuing perfect attendance, and good citizenship as a charter member of the "**The I AM Academy**".

TIAA Operating Principles

1. TIAA believes that the quality of **CARE** provided to our young men of color is the greatest indicator of the overall health and well-being of our Community.
2. TIAA believes **EDUCATION** is the key to economic empowerment.
3. TIAA believes that supporting our young men of color begins with support of their **FAMILIES**.
4. TIAA believes that young men of color can be taught the **SKILLS** that enable them to create a new definition of themselves.
5. TIAA believes **COLLABORATION** expands the circle of support that creates comprehensive and successful long-term change.
6. TIAA believes that **RELATIONSHIPS**, built on mutual trust, are the foundation for honest and long-term growth.
7. TIAA believes **MORAL** and **ETHICAL** behavior are essential to survival.
8. TIAA believes **CHARACTER** development is the key to self-trust, self-esteem, and self-confidence.
9. TIAA encourages young men of color to use their **VOICES** as tools for personal empowerment.
10. TIAA fosters **PEER-TO-PEER** engagement to strengthen bonds of trust and cooperation.
11. TIAA promotes **CIVIC ENGAGEMENT** as a means to validate the intrinsic value young men of color bring to our communities.

TIAA Operational Objectives

- INSPIRE** improved attendance
- SEEK** continuing/post-secondary education opportunities
- IDENTIFY** and **RECRUIT** gainful employment opportunities and internships
- INCREASE AWARENESS** of educational impact/academic standing.

I AM... I CHOOSE!

Over 

TIAA Values and Beliefs

1. The School-to-Prison Pipeline perpetuates injustice and must be dismantled.
2. Education = Economy
3. Relationships must be nurtured, repaired, rebuilt and restored to establish trust.
4. Gainful employment leads to self and societal respect.
5. Self-sufficiency leads to ownership.
6. Participation is a privilege.
7. Respect and positive communication are modeled and permeate our environment.
8. Managing adversity is a learned skill.
9. Community and collaboration are essential.
10. Programing accommodates a diversity of needs, abilities and learning styles.
11. Developing conflict resolution skills leads to better decision-making and increased respect.
12. Self-worth generates empathy and compassion for others.

TIAA PARTICIPANTS

TIAA participants are subdivided into three distinct categories:

Primary Group: This group consists of 12-15 TIAA participants that receive the most consistent and intensive level of service.

Monitored Group: This group consists of 15-20 TIAA participants. Their academic progress is tracked, mediation on disciplinary issues, after-school support.

Check-in Group: This group is relationship driven. Actual engagement is generally in reaction to and/or prevention of in-school situations, if any.

TIAA Program Components

Early interventions that focus on dropout prevention and increasing middle school retention and high school graduation rates.

1. **Improve daily school attendance:**
Weekly Breakfast Club – participate in dialogue, workshops, and strategies for a successful day, presented in an atmosphere of achievement.
2. **Academic Skills Center – Tutorial Sessions:**
During scheduled Tutorial Sessions, participants are encouraged to complete as much homework while at school as possible.
3. **Encourage Engagement in Extra-Curricular Activities:**
Participants must be engaged in a particular school-based extra-curricular activity as a means to support the development of personal bios, resumes, and college applications.
4. **Student/Staff/Parental Partnership**
Possible Activities: Book Club, literacy training to raise the reading and comprehension skills of participants through reading as a family activity. Incentives are awarded to the family and distributed based on the level of family involvement; increases in reading levels, number of books read, book reports, etc.

TIAA Program Methodology

Relationship-based mentoring:

The proposed programing consists of a series of weekly workshops

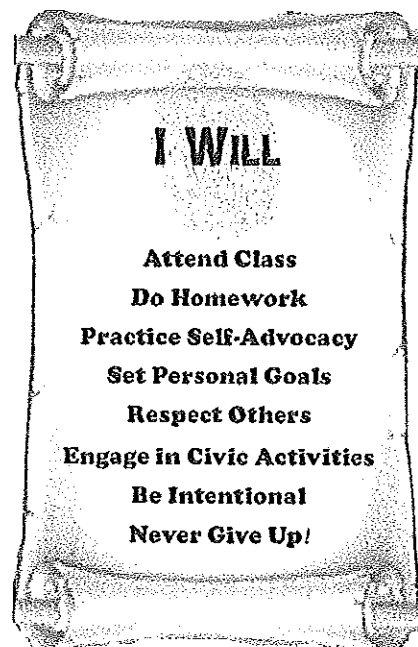
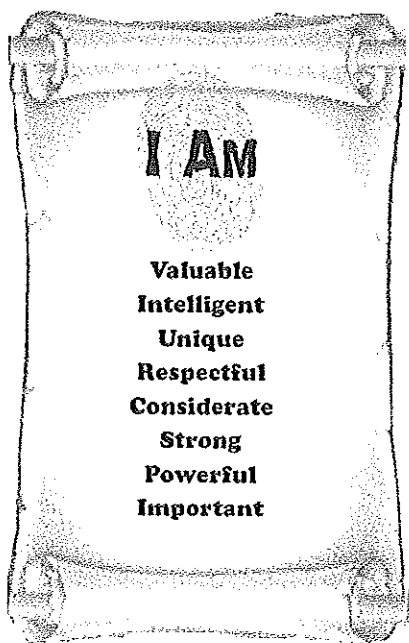
- Use of guest speakers to promote successful navigation of the issues and challenges faced by low income, urban youth of color
- Use of video materials to re-enforce positive, socially relevant messages as a means to motivate participants to achieve.
- Quarterly exposure to local colleges and their respective entrance requirements.
- Job readiness/Summer Employment

TIAA Program Format

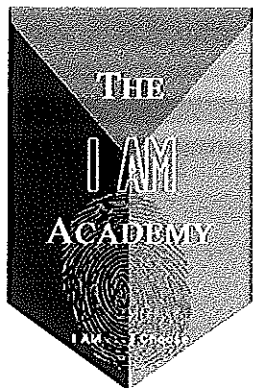
- Breakfast Club: pre-school work sessions designed to create a positive start to the day
- Lunch Study Hall: 45 minute work session to complete assigned homework during school hours
- Weekly Individualized Counseling/Strategic Planning Sessions: to monitor participants' weekly direction and commitment
- Monthly Literacy Program awards ceremony for participating families

TIAA Projected Outcomes

- Greater sense of self-value/self-awareness
- A clearly identified career choice/aspirational direction
- Increased awareness of the economics of education
- An increased capacity for positive decision-making/options
- Greater commitment to academic achievement/post-secondary education
- An increased sense of connectedness to school environment
- Improved school climate for TIAA participants
- Decrease rate of disciplinary referral/suspensions
- Increase extra-curricular involvement
- Job Readiness/Entrepreneurial



I AM ... I CHOOSE!



Letter to Parents/Guardians

503-862-3571

theiamacademy@gmail.com

Educate ~ Empower ~ Employ

To Whom It May Concern:

Thank you for allowing me to work with your child. My name is Ray Leary, I have worked with Portland Public Schools, at Vernon Middle School and Franklin High School, helping young men of color successfully navigate the challenges of completing their education. We meet on a weekly basis to address the importance of attendance, academic achievement and behavior management as a means to combat the "School-to-Prison Pipeline" that leads to possible future incarceration.

To better serve our participants with the best services and support, **The I AM Academy** needs your permission to be able to access your child's electronic education records.

By completing these forms and signing the PPS Permission Slip (on reverse side), I authorize Portland Public Schools to release my student's educational records to **The I AM Academy**. This information may include student ID number, grade level, achievement test scores, course grades and grade point averages, teachers' names, attendance, individual Education Plan, demographic, and behavior/discipline information.

_____		_____	
Print Name of Parent/Guardian		Contact Phone Number	
_____		_____	
Address	Zip Code	email Address	
If you are interested in joining The I AM Academy PARENT GROUP, please indicate below and you will be contacted:			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
<input type="checkbox"/> Comments _____			
STUDENT T-Shirt Size: _____		STUDENT Age: _____	

PLEASE PRINT - NAMES MUST BE READABLE ... Thank you.

Check if you **DO NOT** want to receive future correspondence.



PERMISSION TO RELEASE OR EXCHANGE INFORMATION
Portland Public Schools

Date _____

STUDENT NAME _____ BD _____ PPS ID# _____

SCHOOL GEORGE MIDDLE SCHOOL GRADE _____

As Parent/Guardian/Surrogate Parent or Adult Student (circle one), I authorize the release and exchange of confidential information between Portland Public Schools and:

Name/Agency/Suggested Contact	Telephone/Fax	Address, City, State, Zip
THE I AM ACADEMY	Tel: 503-862-3571 XXX	415 N Lombard St, Portland, OR 97217

The disclosure is to be used for the following purposes:

- To support student's educational needs
- To determine special education needs
- Alcohol and drug evaluation and/or treatment for a student, and referrals to school/other services
- Mental health evaluation and/or treatment for a student, and referrals to school/other services
- Medical and health needs
- Program evaluation
- Other (specify): Use of photos/videos for programming, reports and promotional purposes

Information released will include the following specific records:

- Student Information (may include student's name, address, telephone listing, photograph, date and place of birth)
- Academic Information
- Attendance Information
- Family Background Data
- Psychological Reports
- Psychoeducational Reports
- Social Work Reports
- Medical Information and Reports
- Individualized Education Program (IEP)
- Attendance at Meetings or Appointments
- Discipline Data (referrals, suspensions, expulsions)
- Recommendations and Referrals
- Alcohol/Drug Information and Reports
- Mental Health Information and Reports
- Other (specify): _____

The District reserves the right to charge for the costs of providing records. The authorization is valid for two years unless otherwise specified. HIPAA requires that the school district/EI/ECSE program give a copy of the authorization form to individuals who sign it and request a copy.

I hereby approve the release of information as indicated above. I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. Any records containing drug and alcohol information maintained by the Agency or the District are additionally protected under the provisions of 42 CFR Chapter 1, Subchapter A, Confidentiality of Alcohol and Drug Abuse Patient Records and may not be further disclosed without specific authorization for such disclosure. By my signature, I hereby, knowingly and voluntarily authorize the above named agency/provider to use or disclose this information, including health information, in the manner described above. I may revoke this authorization in writing at any time. Such revocation may not be retroactive.

x _____ Date _____
Parent/Guardian/Surrogate/Adult Student

Please Print Name _____

Student signature is ONLY required when requesting mental health or alcohol/drug related information for a student who is 14 years of age or older.

x _____ Date _____
Student

Please Print Name _____

Authorization expires on _____ (month/day/year), not to exceed two years from date of signature(s) above

Please Send Records to:
Portland Public Schools or Department _____

Staff Name/ Title _____

Address, City, State, Zip _____

Phone _____ Fax _____