



西北户外科学学校 (Northwest Outdoor Science School) 自然学习学校



任务说明

西北户外科学学校(NW Outdoor Science School)为Oregon学生提供公平、包容的实地教育计划。

我们通过变革性学习和领导机会培养社区,让学生沉浸在有趣的实践教育体验中,建立起与自然世界的联系。

历史

- 我们是西北地区教育服务区 (NWRES D) 的一项计划
 - 为该地区20多个学区提供教育服务
- 该计划最初是与Multnomah&Clackamas ESD合作的试点项目
- 自1969年以来, 我们一直为五、六年级学生以及学生领袖提供户外学校体验
- 随着2016年99号法案的选举, 州政府资金现在可以帮助学校支付参加户外学校的部分或全部费用
 - 如果您的学生就读于公立学校, 则可**免费**参加户外学校!

户外科学学校站点

户外学校在Oregon西北部五个站点开展活动

森林站点

- Cedar Ridge (Vernonia附近)
- Trickle Creek (Oregon 4-H中心, Salem附近)
- Arrah Wanna (Welches附近)

海滩站点

- Magruder营地 (Rockaway海滩附近)
- Meriwether营地 (Cloverdale附近)



Magruder



Meriwether



Cedar Ridge



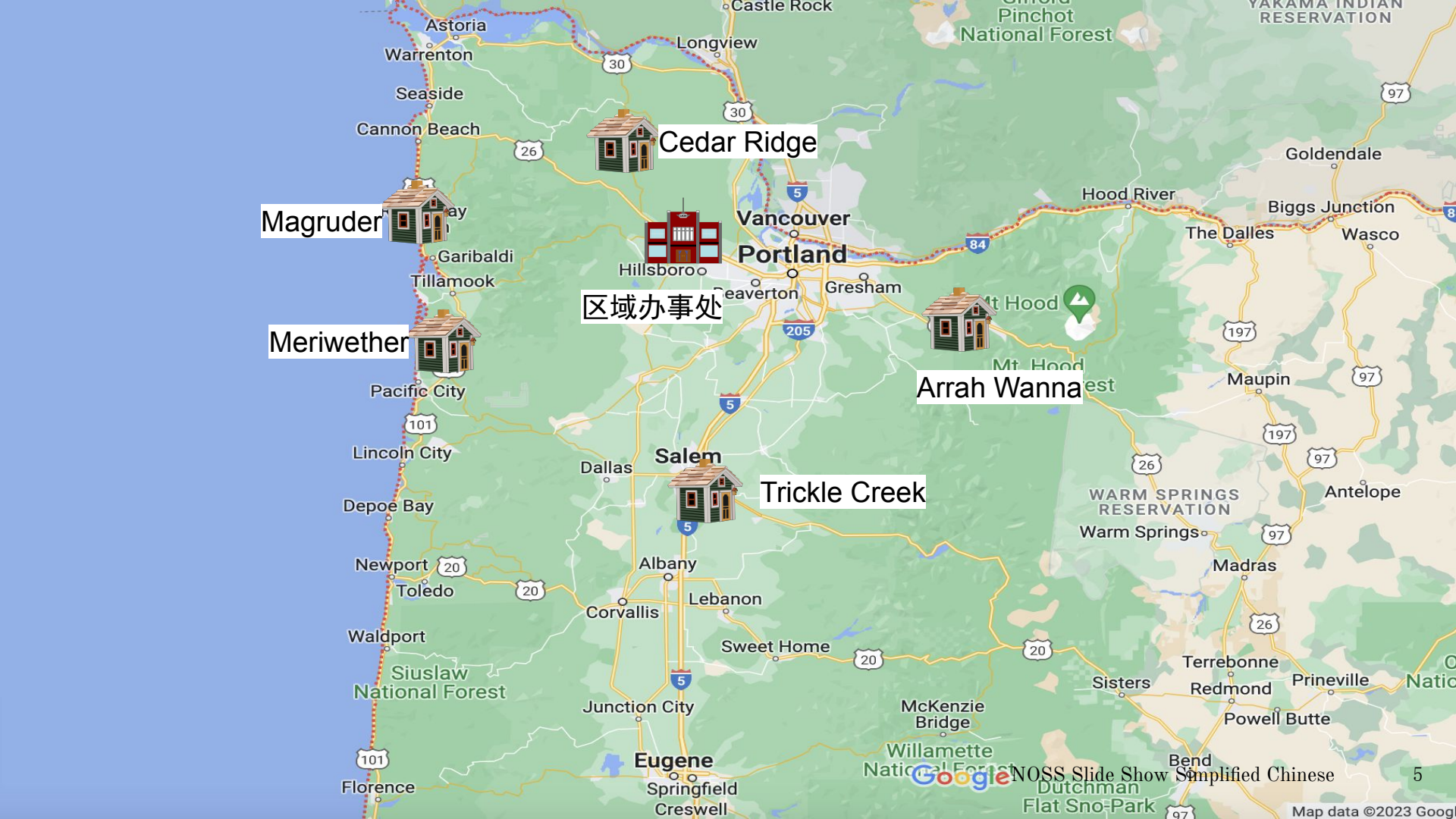
区域办事处



Arrah Wanna



Trickle Creek



学生安全负责人

- 站点督导
 - 户外学校站点校长
- 护士
 - 注册护士(RN)或执业护士(LPN)随时提供站点现场服务
- 公平、包容倡导者
 - 确保每一位学生有公平的机会参与我们的课程
- 实地讲师
 - 开发并教授符合《新一代科学教育标准(NGSS)》的科学课程
- 计划工作人员
 - 开发并促进户外学校社会情绪学习教学法(SEL)
- 学生领袖(高中生和大学生)
 - 和学生在小木屋里居住
 - 向学生小组讲授实地考察课程
- “克隆人(Clones)”(户外学校对教师的称呼 😊)
 - 与工作人员和学生领袖密切合作, 分享专业知识
 - 协助举行活动、学生管理及纪律



安全是我们的第一要务！对工作人员和学生领袖的要求

:

工作人员

- 所有员工均接受过急救、心肺复苏术(CPR)和肾上腺素给药(EpiPen)培训
- 所有员工均采集指纹, 并且必须通过联邦背景调查
- 所有员工均参加广泛员工培训, 重点内容包括课程、参与策略、社会情感学习、BEETLES课程和积极行为管理

学生领袖

- 志愿参加为期一周的现场考察, 担任小木屋领袖和教师
- 由其高中教师和辅导员筛选
- 参加当地高中迎新培训
- 在学生到达之前接受一整天的培训

装箱单



建议您将装备放入行李箱或行李袋中，不要携带带有外框的大背包。

请注意，您不需要置办新用品，如果没有，请联系学生老师或ODS，我们可提供用品供学生借用。

必备用品

- 寝具
 - 保暖睡袋和枕头
 - 备用毛毯
- 衣物
 - 衬衫和裤子(2至4件)
 - 内衣和袜子(3至6件)
 - 睡衣
 - 保暖夹克
- 雨具
- 洗漱用品
 - 牙刷和牙膏
 - 除臭剂(非喷雾或身体喷雾)
- 其他重要用品
 - 水瓶
 - 手电筒
 - 小背包
 - 毛巾
- 自选
 - 照相机
 - 手表(指针式或电子式)

留在家里的物品

- 手机
- 智能手表
- MP3/iPod
- 手持游戏系统
- 现金
- 食物/糖果

如果您的学生在 IEP或504中需要使用这些物品, 请联系我们。我们将予以配合!

本计划的一个主要目标是提高学生的独立性。我们将打造一个远离日常科技的安全空间, 让大家停止使用电子设备, 与同龄人建立社区。我们的站点手机信号非常有限, 也没有足够的电源插座供学生为电子设备充电。相关物品最好留在家里。

户外学校对物品丢失或被盗概不负责。请将所有贵重物品留在家里。

我们的计划

户外学校侧重于体验式科学学习，但该计划远远超出了科学技能！

我们以Oregon州标准为指导，通过计划的不同元素重点整合以下内容：

- 社会情绪学习
- 团队建设技能
- 听说技能
- 体育
- 艺术(戏剧、音乐、视觉艺术)

到达 户外学校

学生将经过1-3个小时的骑行到达
户外学校站点

工作人员和学生领袖将在站点迎
接学生，带领大家唱歌进入营地



现场考察

学生将在工作人员的指导下，由训练有素的学生领袖带领学习生态学、科学、数学和自然资源保护。

我们利用BEETLES课程开展基于探索的科学学习。

学生在上午和下午进行2个半小时左右的现场考察。



适当的任务

每一位学生都要努力帮助夏令营顺利进行。学生将在站点协助工作人员做一些家务。示例：

- 整理餐桌 (收拾桌子准备吃饭)
- KP (厨房聚会, 饭后擦桌子)
- 旗帜 (升旗或降旗)
- 擦洗俱乐部 (清理浴室, 打扫和擦拭台面)



小木屋时间

学生住在8-14人一组的小木屋中，由训练有素的学生领袖直接监督。在小木屋小组建立起的纽带牢固而难忘。

户外学校的休息时间均在小木屋时间度过：

- 团队建设
- 共同学习
- 玩游戏
- 平躺时间(反思时间)



娱乐

一天中有必要安排一些 娱乐时间。户外学校提供娱乐活动(如课间休息)

工作人员和克隆人(教师)将带领学生参与各种活动,例如:

- 健身球
- 夺旗赛
- 再生艺术品
- 仙女屋



篝火晚会

篝火晚会是许多人在户外学校体验的一大亮点。


我们鼓励学生/小木屋舍友参加篝火表演。

工作人员将带头表演有趣的歌曲和小品

我们每晚会放缓篝火晚会的结束时间，为学生打造一个安静/平和的夜晚。



许可/学生健康史表

 **Northwest Outdoor Science School**
Permission and Student Health History Form (please complete with blue or black ink)
Confidential, for Teachers, NOSS Nurse and Site Supervisor use only. To be archived and destroyed by NOSS

Student's Name: _____ Student's School ID #: _____
School: _____ Teacher's Name: _____
Student is planning to attend Yes No (If no, why): _____
(If student is not attending Outdoor School, you do not need to complete the rest of this form)

By signing below, you are giving your student permission to attend Outdoor School, and to receive emergency care when needed. You are also agreeing to arrange pick up / transportation for your student when requested by NOSS. See full explanation in the Caregiver Letter.

X _____ Date _____
Required Signature of Parent or Legal Guardian
Photo opt out: If you do not want your student's image to be used in promotional materials check this box

CONTACT INFORMATION
Primary Contact (Legal Guardian) Name: _____ Relationship: _____
Primary Phone # _____ Secondary Phone# _____
Secondary Contact (Legal Guardian) Name: _____ Relationship: _____
Primary Phone # _____ Secondary Phone# _____
Emergency contact (in case neither guardian listed can be reached) _____
Phone: _____ Relationship: _____
Name of Student's Physician: _____ Phone: _____

HEALTH & MEDICAL INFORMATION
Birth Date: _____ Age: _____
Specify any activities that are not allowed, or any prosthetics or other aid that will be sent.
Do you have any concerns about your student's social/emotional needs? Yes No If yes, please describe: _____
Does your student have an IEP/504? Yes No
If yes, what is it for: _____
Does your student have asthma? Yes No If yes, please send an inhaler with your student to self-carry
Explain frequency/severity/treatment of attacks? _____
Known Allergies: Foods (list) _____ Hay Fever Bee Sting Latex
 Drug Allergy (list) _____ other (list) _____
Clearly describe what type of exposure causes a reaction (air borne/topical/ingestion), the type of reaction possible, and treatment given: _____
Is this allergy life threatening? Yes No Do they carry an EPI pen? Yes No
Special dietary needs (example: vegetarian, vegan, gluten free, Halal, Kosher) etc.: _____

Health Needs (Please check all that apply)

<input type="checkbox"/> Bowel/ Bladder Condition	<input type="checkbox"/> Seizure Condition
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Hearing Condition	<input type="checkbox"/> Vision Condition
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Other Chronic or recent illness or surgical procedures
<input type="checkbox"/> Mobility Issues	(specify): _____
<input type="checkbox"/> Physical Injuries (recent)	

较往年变化:

请全体六年级学生上交该表格!

- 未参加学生只需填写表格前半部分

学生许可及健康史表

英语 西班牙语

许可/学生健康史表

STUDENT'S NAME: _____

MEDICATIONS - Student will bring these medications to NOSS.
 Prescriptions and OTC Medications must come in original container. Vitamins & supplements require a doctor's note because the FDA does not regulate them. Refer to the Caregiver letter for detailed information. NOSS Staff will not dispense any medication/vitamins/supplements that do not meet the requirements.

Name of Medication and Dosage	Time of Day	Purpose of Medication & Instructions

To facilitate the NOSS schedule, can medication delivery times be adjusted by up to an hour? Yes No

OVER - THE - COUNTER MEDICATIONS

NOTE: Brand names listed but their generic equivalent may be substituted. Epinephrine, Albuterol and instant glucose are available in the event of a life-threatening emergency in accordance with the Outdoor School physician's standing orders.

DO NOT SEND THE FOLLOWING MEDICATIONS AS THEY ARE SUPPLIED ON SITE:

Non-aspirin pain reliever (Acetaminophen, Ibuprofen)	Throat Lozenges/ Cough Drops (Chloraseptic/Cepacol)	Hydrocortisone Cream 1%
Antacids (Tums/ Gaviscon)	Decongestant (Phenylephrine)	Loperamide (Imodium)
Antihistamine (Benadryl/ Zyrtec)	Cough Syrup (Guaifenesin)	Technu Soap / Calamine Lotion
Antiseptic Cleanser (Libiclen)	Benzocaine (Insect Sting Swabs)	Milk of Magnesia
Antibiotic Ointment (Polysporin)	Gatorade/Pedialyte	Petroleum Jelly (Vaseline)

List any medications you **DO NOT** want your student to take: _____

PERMISSION FOR ADMINISTRATION OF MEDICATION

I hereby give permission for authorized Outdoor School staff to administer prescription, supplement, and/or OTC medication(s) prescribed for the student identified above. I understand that it is my responsibility to provide all medication(s) in the original labeled container. I understand that my student shall be responsible for going to the health supervisor at the specified time(s) for medications. I give permission for authorized Outdoor School staff to administer OTC medications from the list above as needed. I acknowledge that the administration of medication by Outdoor School personnel is an accommodation to be performed solely upon my request. I release and waive any and all claims, which I now have or may hereafter have against the Northwest Regional ISD and their officers and employees arising out of the administration of or failure to administer the medication to the above student or any adverse reaction to such medication.

Please check boxes for exceptions to the above.

Only Medications Sent with Student NO MEDICATION in any form NO BLOOD or BLOOD PRODUCTS

_____ Date _____

Required Signature of Parent or Legal Guardian

IF YOUR STUDENT'S MEDICAL CONDITION OR MEDICATIONS CHANGE AFTER COMPLETING THIS FORM, PLEASE SEND A SIGNED NOTE TO THE OUTDOOR SCHOOL OFFICE

如果您不希望您的孩子接受某些药物治疗，请在此列出。

请务必突出签名。如果您不希望我们的护士为您的学生提供非处方药，请在方框中勾选，选择完全不让您的孩子服用非处方药。

药物治疗

处方药

- 请只提供您的学生在户外学校所需的药物量
- 药物必须放在原始处方容器中，并注明剂量和处方医生联系信息

非处方药(OTC)

- 户外学校提供常用非处方药(名单见健康表)
- 如果您认为某种非处方药对您的学生非常有效，可以提供给户外学校，但需要使用原始包装，并清楚标明学生姓名。

维生素/补充剂

- 非FDA规定的药物必须附有医生证明方可服用(如顺势疗法药物、褪黑素、复合维生素)

2023年家庭表更新版——宗教仪式/其他便利表

Religious/ Cultural Observance Form

There are many different religious and cultural observances that may occur during the time your student is at Outdoor School. At Northwest Outdoor Science School, we will make every effort to accommodate your student in these observances. This form will help us understand each family's unique needs. If your student needs accommodations based on a religious or cultural need, please fill out the form below and return to your student's teacher with the Student Permission and Health Form.

Student's Name: _____ School: _____

Guardian Name: _____ Phone: _____

Name of Observance (Ramadan, Yom Kippur, Lent, etc.): _____

Please describe in as much detail as possible what we can do to accommodate your student. (E.g. needs for prayer, specific instructions for mealtimes, etc.)

Other Accommodations

Having as much information as possible about your student will help us best support them while they are at Outdoor School. Please use the space below with any information not included on the Permission and Student Health History Form.

此表格以及健康表家庭操作 视频
指南见学校网站 [父母/监护人](#) 页
面。

访客政策

- 根据背景调查要求, 学生在站点期间, 学生家属不得到户外学校探访。
 - 家属可以到校接学生, 但需在站点主管办公室等候学生放学。
- 在极少数预先安排的特定情况下, 一些学生可由监护人陪同(需与西北户外科学学校(NOSS)和工作人员提前协商)。在此类情况下, 请务必尽量提前通知, 因为背景调查需要时间处理。

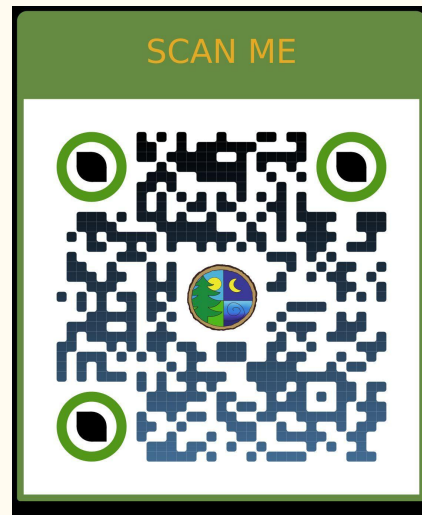
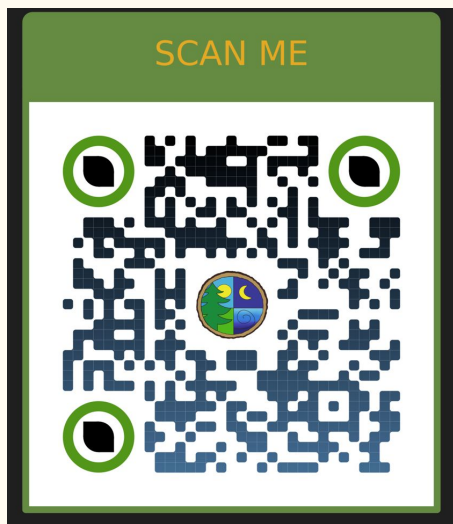
便利措施/包容性



一名学生在Meriwether营地使用Advenchair轮椅

- 关键在于灵活处理——我们制定了政策作为基线，但大多数情况均有待讨论，特别是对于IEP/504学生
- 欢迎走读生
- 我们真诚地相信，户外学校面向所有人开放，我们将尽力为每一位学生提供便利。

高中学生领袖志愿者



活动后讨论话题

就您与学习或学习风格相关的时刻展开讨论

就您感觉与自然相关的时刻展开讨论

就您感觉与某个地点相关的时刻展开讨论

就您感觉自己社区一员的时刻展开讨论

有问题？

了解更多信息，请查看学校网站

<https://www.nwoutdoorschool.org>

也可以发送电子邮件联系Nick Gonzalez, NGonzalez@nwresd.k12.or.us