



George Mason University
Mason LIFE Program
MSN 1F2
4400 University Drive
Fairfax, Virginia 22030
Phone: (703) 993-3905
Fax: (703) 993-3681

Application for Admission Fall 2017

Applications must be typed (word processed) and completed by January 13, 2017 with a \$100 non-refundable application fee. Your application will not be processed without the application fee. Once your completed application has been submitted and reviewed, chosen applicants will be contacted for an Interview/Provisional Day in February and March. Offers will be extended by April 15th and a non-refundable deposit is due by June 1st.

There will be an accepted Student Orientation Session on June 23, 2017. An initial review of Immunizations will be addressed at the Orientation as well as other pertinent forms and paperwork.

Please submit all documents and fee by mail to the above address.

NOTE: Reports should be less than two years old. Applications need to have all requested documentation to complete the review process:

- Application Fee made out to George Mason University
- Completed application, Parts A-E. Please attach any additional pages, if needed.
- A current picture of the applicant
- Psychological Evaluation/Functional Behavioral Assessment***
- Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc)
- Most recent Individualized Education Plan (IEP)—please include all pages
- Most recent Educational Evaluations
- Applicant's Resume
- Completed Mason LIFE Program Audio-Visual Release Form (page 12)
- Completed Scope of Service/Release Form (begin page 12 and continue page 13)
- FERPA Waiver and Disclosure of Student Account Information (pages 14 and 15)
- Two letters of recommendation from a non-relative (pages 16-19 and pages 20-23)
One should be from a teacher and one from a related service provider or employer.
These may be mailed directly or in sealed envelopes with the application.

*** These are some examples: Wechsler Adult Intelligent Scale-Fourth Edition (WAIS-IV); Wide Range Achievement Test-Fourth Edition (WRAT-4); Kaufman Test of Educational Achievement, Third Edition (KTEA-3); Vineland Adaptive Behavior Scales-Second Edition; Behavior Assessment System for Children, Second Edition (BASC-2); The Assessment of Functional Living Skills (AFLS).

STUDENT DEMOGRAPHIC INFORMATION

Last Name: _____ First Name: _____ MI: _____ Phone: _____

Address: _____ Social Security Number: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Email address: _____ Cell phone: _____

High School Name: _____ Type of Diploma: _____ Graduation Date: _____

US Citizen: Yes No

FAMILY/GUARDIAN DEMOGRAPHIC INFORMATION

Parent/Guardian:

Last Name: _____ First Name: _____ MI: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation/ Employer: _____ Work Phone: _____

Employer Name and Address: _____

Email address: _____ Cell Phone: _____

Highest Level of Education: _____ Date of Birth: _____

Parent/Guardian:

Last Name: _____ First Name: _____ MI: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation/ Employer: _____ Work Phone: _____

Employer Name and Address: _____

Email address: _____ Cell phone: _____

Highest Level of Education: _____ Date of Birth: _____

Individual(s) listed above has legal guardianship of applicant? Yes No

Please note which parent/guardian who should be designated as first point of contact:

If parent/guardians are divorced or separated or not living with applicant, please state any legal terms the program should know:

FAMILY HISTORY

Please describe who the applicant currently lives with and their relationships to the individual.

Please list siblings and their ages.

Please detail any significant information that will impact the applicant's family support or note other participants that might need to be informed about the applicant's program of study and/or Person Centered Planning Meetings.

MEDICAL/DISABILITY HISTORY - Part A

- List the primary diagnosis: _____
- List any secondary diagnosis: _____
- List any conditions that may impact the applicant's ability to function in the classroom, campus and/or residential housing environment:

- Please list current medications and indicate what the medications are taken for:

Medication Name	Dosage	Frequency	Reason for Medication

NOTE: Applicant must be independent in administering his/her medications.

- Please list any allergies and necessary medications or reaction procedures

Allergy	Medication/Procedure

- Please list any food sensitivities that would impact a cooking class or the preparation of meals:

Food Sensitivity	Medication/Procedure

Does the applicant have any problems with incontinence? Yes No

Is applicant independent in mobility (walk or use wheelchair)? Yes No

NOTE: If necessary, student/family will need to arrange for personal assistance services in order to attend the Mason LIFE Program.

Note: For applicant to be considered for Housing the following criterion is expected:

- ▶ *Must stay for a 2 hour period by self*
- ▶ *Be able to prepare no cook meals*
- ▶ *Have some knowledge of sorting laundry*
- ▶ *Be able to independently take care of basic hygiene*
- ▶ *After training will be able to independently move around campus, back and forth to housing.*

Does the applicant request housing? Yes No

WHAT IS THE SUPPORT HISTORY?

Question 1

1. Does the applicant have an application with their Department of Rehabilitation Services? (Yes/No) When? _____
2. Has student accessed other services in the last four years? (ie, vocational rehabilitation, speech-language, occupational therapy)

3. Has the applicant had professional support in their home environment? If so, what type of support?

4. What was the level of support the applicant had in their last educational environment?
 - a) One to one? (Yes/No) How long? _____
 - b) Self-Contained Setting? (Yes/No) How long? _____
 - c) Inclusive Setting? (Yes/No) How long? _____
 - d) General Education Environment? (Yes/No) How long? _____
5. Please provide any other detailed information regarding the applicant's personal and educational supports:

WHAT IS THE STUDENT'S EDUCATIONAL HISTORY?

Question 2

Please list any education experiences that will give a picture of how the applicant learns best.

- Where in school was the applicant most successful?

- List any other postsecondary educational experiences.

- Does applicant currently receive private therapeutic services, such as behavioral therapy, or psychiatry? If so, please indicate which services and attach a copy of the current report as indicated on the front of the application. If you need more space, please attach an additional page.

WHO IS THE STUDENT?

Question 3

Please describe the applicant in detail. What descriptive words come to mind? If you need more space, please attach an additional page.

WHAT ARE THIS STUDENT'S NEEDS?

Question 4

Describe the student's strengths and their areas of need using the categories of Medical, Finding Locations, Emotional, Organizational, and Hygiene. Please describe in detail any previously used supports, accommodations, and/or behavior/management plan. List any types of assistive technology utilized. If you need more space, please attach an additional page.

WHAT ARE THIS PERSON'S LONG-TERM GOALS?

Question 5

- What are the applicant's long term goals upon completion of the Mason LIFE Program?

- How does the applicant envision an ideal life?

- Where will the applicant be employed?

- What type of living arrangements? If you need more space, please attach an additional page.

- What are the family's expectations of the applicant upon completing the program?

WHAT WOULD AN IDEAL DAY BE LIKE FOR THE APPLICANT?

Question 6

What would an ideal day be like for the applicant? Please include all current pertinent recreational activities as well as areas of interest. If you need more space, please attach an additional page.

EMPLOYMENT HISTORY

Part B

Please complete the following if the applicant has any prior work/vocational experience. Begin with current or most recent experience. Provide a resume.

Name of Business/Company	Paid or Unpaid?	Reason for Leaving	Amount of time at Job

Please list job responsibilities:

List any support services provided:

Name of Business/Company	Paid or Unpaid?	Reason for Leaving	Amount of time at Job

Please list job responsibilities:

List any support services provided:

Name of Business/Company	Paid or Unpaid?	Reason for Leaving	Amount of time at Job

Please list job responsibilities:

List any support services provided:

SUPPORT INVENTORY

Part C

Please rate the applicant's ability in the following areas:

Independent Living Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Finding way around new environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing simple meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding items in a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Skills and Communication	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Communicating needs appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishing between friends & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting appropriately with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information (name, address, phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Identifying value of coins/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting change/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer for word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading and writing skills: (check highest level)

Writing:

- no functional writing writes name writes/copies all letters
 writes complete words writes short sentences correctly uses punctuation
 drafts, revises, edits

Reading:

- no functional reading identifies letters recognizes familiar words/names
 applies reading strategies (sentence structure, meaning, phonetic clues)
 reads chapter books reads books silently

Listening comprehension:

- retells a simple story
 can retell the beginning, middle, and end of stories
 able to retell settings, characters, problems, major events and solutions of stories

RECOMMENDATION AND RELEASES

Part D

The following people will be submitting letters (pages 16-19 and pages 20-23) of recommendation for the applicant:

Name:

Relationship:

Address and Phone:

Name:

Relationship:

Address and Phone:

Part E

Graff Parent Readiness Scale (GPRS)

Completed by: _____

This scale helps determine the families' readiness for the student with an intellectual and/or developmental disability to attend a postsecondary program. Please circle the family/guardian's response.

1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the university.

Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-one support all day.

Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.

Strongly Agree 1 2 3 4 5 Strongly Disagree

4. I worry about my student crossing the street.

Strongly Agree 1 2 3 4 5 Strongly Disagree

5. I need to know the homework assignment for each class.

Strongly Agree 1 2 3 4 5 Strongly Disagree

6. I need to know the calendar of activities offered to my student.

Strongly Agree 1 2 3 4 5 Strongly Disagree

7. I would like to speak with my student's support staff.

Strongly Agree 1 2 3 4 5 Strongly Disagree

8. I would like to attend classes to see my student interact with others.

Strongly Agree 1 2 3 4 5 Strongly Disagree

9. I trust my student's judgment.

Strongly Agree 1 2 3 4 5 Strongly Disagree

10. I trust my student's ability to handle small sums of money.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Graff Parent Readiness Scale (GPRS) Continued

11. I know my student, with support, will develop friendships.
Strongly Agree 1 2 3 4 5 Strongly Disagree

12. I know my student, with support, will try new opportunities.
Strongly Agree 1 2 3 4 5 Strongly Disagree

13. My student has the ability to handle frustration.
Strongly Agree 1 2 3 4 5 Strongly Disagree

14. My student has the ability to seek assistance.
Strongly Agree 1 2 3 4 5 Strongly Disagree

15. Often, I am in contact with my student more than 3 times a day.
Strongly Agree 1 2 3 4 5 Strongly Disagree

16. Often, I am telling my student what to do and say.
Strongly Agree 1 2 3 4 5 Strongly Disagree

17. I check up on my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree

18. I check to see if my student has the correct facts.
Strongly Agree 1 2 3 4 5 Strongly Disagree

19. I believe, I know what is best for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree

20. I feel that my student knows what is best for him/herself.
Strongly Agree 1 2 3 4 5 Strongly Disagree



As part of the application process, all individuals are required to complete the Mason LIFE Program and the Scope of Service/Release Forms (on pages 12 and 13) as well as the FERPA Waiver and Disclosure of Student Account Information Documents (on pages 14 and 15).

**Mason LIFE Program
Release Form**

AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS/VIDEOS

_____ I hereby authorize the George Mason University LIFE Program to use, reproduce, and/or publish all written and/or visual materials, including photographs and video that may pertain to me/my son or daughter. I understand that this material may be used in various publications, publicity presentations, recruitment materials, or for other educational purposes. This material may also appear on the Mason LIFE Program Website. I also understand that once an image is posted on the Mason LIFE Program website, the image can be viewed by any computer user on or off campus. This authorization is continuous and may only be withdrawn by my specific rescinding of this authorization.

_____ I do not authorize the use of written materials/photographs.

Applicant's Signature



Parent/Guardian of Applicant Signature

Date

Scope of Services for Mason LIFE Students

Student and Family Support - All students and families will follow and support the tenants and policies of the Mason LIFE Program as posted, <http://masonlife.gmu.edu/policies>. Any concerns may be brought up in a yearly person centered meeting by the student in order to advocate for individual academic needs and goals.

Research – As part of the College of Education and Human Development, educational research projects are often conducted within the Mason LIFE Program. These opportunities offer another level of understanding in supporting specific areas of student development and moving the postsecondary field forward in identifying characteristics and practices that are effective with

this population. Research is conducted at the undergraduate, Master's, and PhD levels. Parental consent or informing will be sought for PhD and program evaluative research when the scope of work is beyond the parameters of Mason LIFE Program curriculum framework.

Participants in the Mason LIFE Program are non-credit, certificate status and are not enrolled, degreed seeking students of George Mason University. The Mason LIFE Program is designed to address the unique needs of all the individuals attending; however, other parts of the University may not be specifically able or trained to meet those needs. Counseling and Psychological Services is the only ancillary service not available for Mason LIFE students. Instead, the Mason LIFE program will provide in-house mental health services for situational issues. For continuous or acute mental health emergencies students, the university and the program will seek the assistance of 911 or an outside referral will be required.

Areas of concern for Mason LIFE students will be examined through Person Centered Meeting and, when deemed necessary, will be referred to the appropriate off campus service for assistance. All emergencies will be handled by calling 911 and if an individual needs an ambulance, that person/family will bear the transportation cost. Beyond each Mason LIFE student's program of study, integration into the campus community via engagement of special topics classes, clubs, and organizations is encouraged.

All Mason LIFE students will be expected to abide by the student code of conduct as outlined, <http://studentconduct.gmu.edu/university-policies/code-of-student-conduct/>. Mason LIFE students will follow the policies of the judicial system and the recommendations of the Dean of Students. Any resulting disciplinary action will follow in accordance with Mason policies to include the permanent or temporary expulsion of a student.

I agree to follow all policies of George Mason University and the Mason LIFE Program. In addition, I authorize all Departments of George Mason University including, but not limited to, Housing and Residential life, University Police Department, Dean of Students Office, Office of Judicial Affairs, and Student Health Services to exchange any and all information about me or my medical needs with the Mason LIFE Program. I understand this information is confidential and the purpose is to help refer me to appropriate services. This authorization is valid during the entire period of my participation in the Mason LIFE Program. In addition by my signature, I affirm I also understand the Mason LIFE Program student's scope of service.

Student Name Printed:

Student Signature

Date

Parent/Guardian Signature

Office of Student Support
4400 University Drive, MSN
6C9 Student Union Building I,
Suite 4100 Fairfax, VA 22030



FERPA Waiver

The Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. § 1232g, is a federal law that protects the privacy of students' educational records. Generally, George Mason University is not permitted to share information contained in those records with third parties without the student's written consent.

Student Name

Student G Number If accepted, will be provided.

By signing this form, I understand that I am waiving my right to privacy of my records and giving permission to the Office of Student Support at George Mason University to disclose information about my situation to the following individuals or agencies:

Name	Relationship to Student	Phone Number

I further understand that this authorization will remain in effect until it is revoked by me in writing and delivered to the Office of Student Support.

Student Signature _____ **Date** _____

Student Accounts Office

4400 University Drive, MS 2E2,
Fairfax, Virginia 22030 Phone:
703-993-2484 Fax: 703-993-2490

Disclosure of Student Account Information



The Family Education Rights and Privacy Act of 1974 (FERPA) provides privacy protection of a student’s educational record and restricts the release of those records without the student’s consent. If you, the student, would like the Student Accounts Office to only discuss your student account with any person(s) or organization(s), you must complete and return this form to our office.

Note: Fax copies will only be accepted with a legible copy of your photo identification (Mason ID or valid government issued ID such as a driver’s license or passport).

Student’s Authorization to Release Student Account Information

I, _____, authorize the Student Accounts Office at George Mason University to disclose information regarding my student account to the following person(s) and/or organization(s):

Person/Organization Name	Relationship
_____	_____
_____	_____

I understand that this disclosure of information will be in effect until I provide a statement revoking authorization or I cease to be a student at George Mason University. I also understand that a signed and dated statement must be submitted to the Student Accounts Office for this release of information to be terminated for any party or parties previously authorized.

_____	_____
Student’s Signature	Date

Printed Name _____ **Student ID (G#) If accepted, will be provided.**

Date Received:

For Student Accounts Office Use Only
Account Commented by (initials):



**Please mail completed form to:
George Mason University
Mason LIFE Program
MSN 1F2
4400 University Drive
Fairfax, Virginia 22030**

Mason LIFE Program Recommendation for:

(Applicant name)

The above named individual has applied for admission to the Mason LIFE Program at George Mason University. The Mason LIFE Program, established in 2002, serves to provide young adults, whose disabilities have traditionally excluded them from higher education, with an inclusive university experience that will further their literacy skills and prepare them for employment and independent living in their communities. More information about the program can be found at <http://masonlife.gmu.edu>. With this in mind, please answer the following question to the best of your ability. Applicants have waived their right to access the recommendation form. Thank you.

Your Name: _____ **Title:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Organization: _____ **Work Phone:** _____
Email address: _____

How long have you know the applicant, and in what capacity?

Do you feel the applicant would benefit from the Mason LIFE Program? yes no
Why or why not?

Does the applicant have any behaviors that would interfere with their ability to participate in the Mason LIFE Program? yes no

Comments:

Do you feel that the parent/family will be supportive of this applicant's participation in the Mason LIFE Program?

yes no

Comments:

SUPPORT INVENTORY

Please rate the applicant's ability in the following areas:

Independent Living Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Finding way around new environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing simple meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding items in a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Skills and Communication	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Communicating needs appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishing between friends & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting appropriately with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information (name, address, phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Identifying value of coins/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting change/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer for word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading and writing skills: (check highest level)



**Please mail completed form to:
George Mason University
Mason LIFE Program
MSN 1F2
4400 University Drive
Fairfax, Virginia 22030**

Mason LIFE Program Recommendation for:

(Applicant name)

The above named individual has applied for admission to the Mason LIFE Program at George Mason University. The Mason LIFE Program, established in 2002, serves to provide young adults, whose disabilities have traditionally excluded them from higher education, with an inclusive university experience that will further their literacy skills and prepare them for employment and independent living in their communities. More information about the program can be found at <http://masonlife.gmu.edu>. With this in mind, please answer the following question to the best of your ability. Applicants have waived their right to access the recommendation form. Thank you.

Your Name: _____ **Title:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Organization: _____ **Work Phone:** _____
Email address: _____

How long have you know the applicant, and in what capacity?

Do you feel the applicant would benefit from the Mason LIFE Program? yes no
Why or why not?

Does the applicant have any behaviors that would interfere with their ability to participate in the Mason LIFE Program? yes no

Comments:

Do you feel that the parent/family will be supportive of this applicant's participation in the Mason LIFE Program?

yes no

Comments:

SUPPORT INVENTORY

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Independent Living Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
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Following a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing simple meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding items in a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Skills and Communication	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Communicating needs appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishing between friends & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting appropriately with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information (name, address, phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Identifying value of coins/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting change/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer for word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reading and writing skills: (check highest level)

