

Application for Admission Fall 2019

- Applications must be typed
- Submitted by January 15, 2019 with a \$100 non-refundable application fee. Your application will not be processed without the application fee. All applications must be post-marked on or before January 15th.

Once your completed application has been reviewed, chosen applicants will be invited for Interview/Visit Day in February/March. Offers will be extended by March 8th.

There will be a mandatory, New Student and Family Orientation Session on June 21, 2019 for newly admitted students. Additionally, an enrollment fee of \$250.00 is required by May 1st to confirm your spot in the Mason LIFE Program Class of 2023.

This application was completed by _____ with
 a lot of assistance a little assistance, or no help (check one).

Please submit all documents and fee BY MAIL to the attention of Mason LIFE Program at the address above.

NOTE: All reports must be less than two years old. Applications need to have ALL requested documentation to be considered for admission. Incomplete application packets will not be reviewed:

- Application Fee made out to GEORGE MASON UNIVERSITY (check or money order are acceptable forms of payment. Credit cards are not accepted).
- A current photo
- Completed application, including Parts A-E. Please attach any additional pages, if needed.
- Psychological Evaluation*
- Functional Behavioral Assessment**
- Most recent Educational Evaluation***
- Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc.)
- Most recent Individualized Education Plan (IEP)—please include all pages
- Applicant's Resume
- Completed Mason LIFE Program Audio-Visual Release Form (page 15)
- Completed Scope of Service/Release Form (page 16)
- Two letters of recommendation from a non-relative (pages 17-20 and pages 21-24)
One should be from a teacher and one from a related service provider or employer. These may be mailed directly to Mason LIFE or included in sealed envelopes with the application.

*These are some examples: Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)

**These are some examples: Vineland Adaptive Behavior Scales – 3rd Edition; Behavior Assessment System for Children – 2nd Edition (BASC-2); The Assessment of Functional Living Skills (AFLS)

***These are some examples: Wide Range Achievement Test – 4th Edition (WRAT-4); Kaufman Test of Educational Achievement – 3rd Edition (KTEA-3)

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: _____ Graduation Date: _____

Type of Diploma: Standard Modified Certificate Other _____ (Please check one box)

US Citizen: Yes No If no, what is current Visa status? _____

(Students do not qualify for student visa status as this is non-degree)

What race do you identify with? Black, not of Hispanic origin Native American or Alaskan Native Asian or Pacific Islander
 Hispanic White, not of Hispanic origin Unknown Choose not to respond Other _____

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: _____ Degree from GMU? Yes No

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: _____ Degree from GMU? Yes No

Individual(s) listed above are your legal guardians? Yes No

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

Parents are: Married Divorced Separated

If parents are divorced or separated or not living with me, please state any legal terms the program should know: _____

FAMILY HISTORY

Please describe who you currently live with and their relationships to you.

Please list any siblings and their ages.

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

MEDICAL/DISABILITY HISTORY - Part A

- List your primary diagnosis: _____
- List any secondary diagnosis: _____
- List any conditions that may impact your 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: You must be independent in administering your 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

Do you have any problems with incontinence? Yes No

Are you independent in mobility (walk or use wheelchair)? Yes No

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

HOUSING

Do you request housing?

Yes No

To be considered for Housing, you must:

- Be able to stay for a minimum of a 2 hour period by self*
- Be able to prepare no cook meals*
- Have some basic knowledge of laundry (i.e. sort clothes, gather supplies needed, etc.)*
- Be able to independently take care of basic hygiene*
- Be able to administer medication independently*
- Be able to independently move around campus, back and forth to housing.*

ALL boxes must be checked to be eligible for housing.

DISCIPLINE HISTORY

1. Have you been disciplined in the past four years of school? Yes No
If so, please state the nature of the behavior (tardy, aggression, etc.) and the school's recommendation (Detention, Functional Behavior Plan, etc.)

2. Have you been suspended from school in the past four years of school? Yes No
If so, for how long? _____
3. Have you been expelled from school in the past four years? Yes No
4. Have you been arrested or charged with a crime? Yes No
5. Have you been convicted of a crime? Yes No If so, when and what? _____

BEHAVIORAL HEALTH HISTORY

1. Have you had intensive in-patient mental health care during the last 5 years? Yes No
If so, please state the nature of the care received and for what length of time?

2. Have you had intensive out-patient mental health care during the last 5 years? Yes No
If so, for how long? _____
- Do you 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.

SUPPORT HISTORY

1 If a Virginia resident, do you have an open application with their Department of Rehabilitation Services? Yes No When? _____
Counselor's Name _____ and email _____

If from another state, do you have an open application with your state Vocational Rehabilitation? Yes No When? _____
Counselor's Name _____ and email _____

2 Have you accessed other services in the last four years? (ie, vocational rehabilitation, speech-language, occupational therapy)

3 Have you had professional support in your home environment? If so, what type of support?

4 What was the level of support you had in your 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 your personal and educational supports:

EDUCATIONAL HISTORY

Please list any education experiences that will give a picture of how you learn best.

- Where in school were you most successful?

- List any other postsecondary educational experiences.

WHO ARE YOU?

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

EMPLOYMENT HISTORY – Part B

Please complete the following if you have 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:			

SUPPORT INVENTORY – Part C

Please rate your 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 (stovetop and/or microwave)	<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 when lost	<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 17-20 and pages 21-24) of recommendation for you:

Name: _____ Relationship: _____

Address and Phone: _____

Name: _____ Relationship: _____

Address and Phone: _____

In an effort to identify transition ready parents and further support students and parents during the transition into inclusive postsecondary education, we are looking for parents to participate within a new study (IRBNet Number: 1295469-1). All parents of applying students are eligible.

If you choose to participate, you will be asked to participate in the study in the following ways:

1. Completing a Graff Parent Readiness Scale –Revised (GPRS-R) included in this application. This should not take more than 30 minutes.
2. The GPRS-R should be completed even if you choose not to participate.

Data collected during the study will be kept in the sole possession of the research team of Heidi Graff and Robert LeSueur.

Participation is completely voluntary. If you choose to participate, please complete the informed consent form on the following page of the application packet. Participation does not impact your student's eligibility in being accepted into the program.

Should you not choose to participate, your responses will not be used for research purposes.

IRB: For Official Use Only



Project Number: 1295469-1

Institutional Review Board

Page 1 of 1

Parent Readiness for Postsecondary Education for Students with Intellectual Disabilities

INFORMED CONSENT FORM

RESEARCH PROCEDURES

This research is being conducted to identify parents who show signs of transition readiness for their son or daughter with intellectual disabilities and to determine whether staff perspectives of the readiness correlates to the parent's self-identification. If you agree to participate, completed Graff Parent Readiness Scale found on the immediate following pages of the application will be used for research purposes. Your participation will assist us in further adaptation of the application process as well as to further support students and parents in the transition into inclusive postsecondary education.

RISKS There are no foreseeable risks for participating in this research.

BENEFITS

There are no benefits to you as a participant other than to further research in parent readiness in transitioning their students to inclusive postsecondary education.

CONFIDENTIALITY

The data in this study will be confidential. A code will be assigned for each participant for use in data entry. All data will use the assigned code to maintain confidentiality. As part of the study case managers working with students that attend the program will be asked to fill out a similar Graff Parent Readiness Scale-Staff Perceptions on their perceptions of freshmen parents' readiness. To understand any potential discrepancies in your response with the response of your student's case manager, a short interview will be conducted with the case manager about their perceptions. While your exact responses will not be shared directly by bringing up a specific discrepancy, your responses can be potentially extrapolated by the staff participant.

Identifiers may be removed from the data and the de-identified data could be used for future research without additional consent from participants.

PARTICIPATION

Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty or loss of benefits to which you are otherwise entitled. Participation will not impact your student's eligibility to be accepted in the Mason LIFE Program in any way. There are no costs to you or any other party.

IRB: For Official Use Only



Project Number: 1295469-1

Institutional Review Board

Page 1 of 2

CONTACT

This research is being conducted by Heidi Graff of Mason LIFE at George Mason University. She may be reached at 703-993-8036 for questions or to report a research-related problem. You may contact the George Mason University Institutional Review Board office at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

CONSENT

I have read this form, all of my questions have been answered by the research staff, and I agree to participate in this study.

Signature

Date of Signature

IRB: For Official Use Only



Project Number: 1295469-1

Institutional Review Board

Page 2 of 2

Graff Parent Readiness Scale (GPRS) -Part E

Completed by: _____

This scale helps determine your families' readiness for you to attend a postsecondary program. Please circle your 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 student 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

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 15 and 16). Scope of Services form requires initialing after each paragraph.

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. 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 though 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 Printed Name

Student Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

In addition, by my signature, I affirm I also understand the Mason LIFE Program student’s scope of service.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date



Mason LIFE Program

Please mail completed form to:
Mason LIFE Program
4400 University Drive
MS 1F2
Fairfax, VA 22030
(703) 993 - 3905

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

1. Has the student been disciplined in the past four years of school? [] Yes [] No

If so, please state the nature of the behavior (tardy, aggression, etc.) and the school's recommendation (Detention, Functional Behavior Plan, etc.) _____

2. Has the student been suspended from school in the past four years of school? [] Yes [] No

If so, for how long? _____

3. Has the student been expelled from school in the past four years? [] Yes [] No

4. Has the student been arrested or charged with a crime? [] Yes [] No

5. Has the student been convicted of a crime? [] Yes [] No If so, when and what? _____

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 (stovetop and/or microwave)	<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 when lost	<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)

Writing:

- No functional writing
 Writes name
 Writes/copies all letters
 Writes complete words
 Writes short sentences
 Uses punctuation correctly
 Drafts, revises, edits



Mason LIFE Program

Please mail completed form to:
Mason LIFE Program
4400 University Drive
MS 1F2
Fairfax, VA 22030
(703) 993 - 3905

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

- 1. Has the student been disciplined in the past four years of school? [] Yes [] No
If so, please state the nature of the behavior (tardy, aggression, etc.) and the school's recommendation (Detention, Functional Behavior Plan, etc.)
2. Has the student been suspended from school in the past four years of school? [] Yes [] No
If so, for how long?
3. Has the student been expelled from school in the past four years? [] Yes [] No
4. Has the student been arrested or charged with a crime? [] Yes [] No
5. Has the student been convicted of a crime? [] Yes [] No If so, when and what?

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 (stovetop and/ or microwave)	<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 when lost	<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)

Writing:

- No functional writing
- Writes name
- Writes complete words
- Writes short sentences
- Drafts, revises, edits
- Writes/copies all letters
- Uses punctuation correctly

