

Application for Admission Fall 2021

- Applications must be typed
- Submitted by January 15, 2021 with a \$100 non-refundable application fee. Your application will not be processed without the application fee. Checks should be made out to **GEORGE MASON UNIVERSITY**. All applications must be post-marked on or before January 15th, 2021 to be considered.

Once your completed application has been reviewed, chosen applicants will be invited for a virtual interview in February/March. Notifications regarding admission will sent via email from the Office Manager by the end of March.

If accepted for Fall 2021 admission, you must confirm your spot in the program by: Emailing a message of commitment *and* submitting a non-refundable enrollment fee of \$250.00 to the Office Manager within 2 weeks of receipt of acceptance notification. *Failure to follow this procedure will result in forfeiture of your spot in the Mason LIFE program for Fall 2021.*

There will be a mandatory New Student and Family Orientation Session for newly admitted students and their families on Friday, June 18, 2021.

In order to fully benefit from this program, the following requirements must be met:

- Be 18 – 23 years old (under age 24 at start of program)*
- Have a diagnosis of intellectual or developmental disability or other noted health impairment*
- Capable of staying on your own for a minimum of 3 hours*
- Must own and be able to use a cell phone*
- Must own and be able to use a laptop*
- Be able to administer medication independently*

ALL boxes must be checked to be eligible for admission.

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

**Mason LIFE Program
4400 University Drive
MS 1F2
Fairfax, VA 22030**

NOTE: All reports must be less than three years old (2017). 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-D. Please attach any additional pages, if needed.**
- 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 Evaluation*****
- Applicant's Resume**
- Completed Mason LIFE Program Audio-Visual Release Form (page 10)**
- Completed Mason LIFE Program Scope of Services (page 11)**
- Two letters of recommendation from a non-relative (pages 12-15 and pages 16-19) 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.**
- Signature of completion (page 20)**

*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 – 3rd Edition (BASC-3); The Assessment of Functional Living Skills (AFLS)

***These are some examples: Wide Range Achievement Test – 5th Edition (WRAT-5); 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: _____ **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 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

Are you requesting housing? Yes No

Please indicate which of the following you can do independently:

- Stay for a minimum of a 3-hour period by oneself
- Prepare no cook meals
- Have some basic knowledge of laundry (i.e. sort clothes, gather supplies needed, etc.)
- Independently take care of basic hygiene
- Administer medication independently
- Independently travel to locations previously visited within neighborhood or community

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?

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? (i.e. 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.**

- **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.**

WHO ARE YOU?

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

WHAT ARE YOUR NEEDS?

Describe your strengths and 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.

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	Need complete assistance	Need much assistance	Need 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	Need complete assistance	Need much assistance	Need 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	Need complete assistance	Need much assistance	Need 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
 Write name
 Write/copy all letters
 Write complete words
 Write short sentences
 Use correct punctuation
 Draft, revise, edit

Reading:

- No functional reading
 Identify letters
 Recognize familiar words/names
 Apply reading strategies (sentence structure, meaning, phonetic clues)
 Read chapter books
 Read books silently

Listening comprehension:

- Retell 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 13-16 and pages 17-20) of recommendation for you:

Name:

Relationship:

Address and Phone:

Name:

Relationship:

Address and Phone:

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 10 and 11).

**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, degree-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. 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 Meetings 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

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

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

What are the student's strengths and his/her areas of need? 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.



Mason LIFE Program

Please mail completed form to:
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Mason LIFE Program Recommendation for:

(Applicant name)

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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?

1. Has the student been expelled from school in the past four years? Yes No
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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:

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Finding way around new environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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Verbalizing and/or writing personal information (name, address, phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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

Reading:

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- Applies reading strategies (sentence structure, meaning, phonetic clues)
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- Retells a simple story
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- Able to retell settings, characters, problems, major events and solutions of stories

What are the student's strengths and his/her areas of need? 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.

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

I, _____, attest that the information presented in this application is accurate and correct to best of my knowledge.

Signature

Date