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**4400 University Drive MS 1F2**

**Fairfax, VA 22030**

**(703) 993 – 3905**

### Application for Admission Fall 2023

**Applications must be typed**

**Submitted by January 6, 2023 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 application packets must be complete to be considered.**

**Once your completed application has been reviewed, chosen applicants will be invited for a an on-campus interview. You will spend the day in the program with and meet other students and support staff as well as the core admin team. Notifications regarding admission will sent via email from the Office Manager.**

**If accepted for Fall 2023 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 1 week of receipt of acceptance notification. At this time, you will also be asked to indicate your preference of on campus living in the dorms. On campus living is limited and will be determined on many factors. Should you not respond within the week, your admission into Mason LIFE will be canceled.**

**There will be a mandatory New Student and Family Orientation Session for newly admitted students and their families on Friday, June 9, 2023.**

**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 (ID; DD; Autism)***

***Capable of staying independently for a minimum of 3-4 hours***

***Can independently utilize technology (e.g. laptop; cell phone)***

***Has the ability to self-medicate, manage specialized diet and any other medical need***

***Has the ability to maintain skills related to self-regulation (The program will not support individual behavioral plans)***

***Understands the importance of owning mistakes made***

***Open to socializing with peers and becoming involved with on and off campus activities***

**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 (2019). Applications need to have ALL requested documentation to be considered for admission.**

**Application Fee made out to GEORGE MASON UNIVERSITY (check or money order are acceptable forms of payment. Credit cards are not accepted).**

**Completed application, including Parts A-D. Please attach any additional pages, if needed.**

**Psychological or Educational Evaluation: The report must include - IQ, Academic and Achievement testing as well as Executive Functioning and information/testing regarding behavioral and adaptive assessment and social/emotional functioning.**

Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc.)

**Most recent Individualized Education Plan (IEP)—please include all pages**

**Applicant’s Resume**

**Release Form (page 10)**

**Two letters of recommendation from a non-relative (pages 11-14 and pages 15-18)**

**One should be from a teacher and one from a related service provider or employer. *These must be mailed directly to Mason LIFE from the person completing the recommendation.***

**Signature of completion (page 19)**

**STUDENT DEMOGRAPHIC INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | | **MI****:** | **Gender:** |
| **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:** |
| **Address:** | **City:** | | **State:** | **Zip:** |
| **Occupation/ Employer:** | | **Work Phone:** | | |
| **Email address:** | | **Cell Phone:** | | |

**Parent/Guardian:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | | | **MI:** |
| **Address:** | **City:** | | **State:** | **Zip:** |
| **Occupation/ Employer:** | | **Work Phone:** | | |
| **Email address:** | | **Cell Phone:** | | |

**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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## 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 3-4 hour period by oneself**

**Prepare no cook meals and independently follow any prescribed dietary needs**

**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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you been suspended from school in the past four years of school?  Yes  No**

**If so, for how long? ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you been expelled from school in the past four years?  Yes  No**
2. **Have you been arrested or charged with a crime?  Yes  No**

**Have you been convicted of a crime?  Yes  No If so, when and what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SUPPORT HISTORY**

## 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Have you accessed other services in the last four years? (i.e. vocational rehabilitation, speech-language, occupational therapy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. **What was the level of support you had in your last educational environment?**
2. **One to one? (Yes/No) How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Self-Contained Setting? (Yes/No) How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Inclusive Setting? (Yes/No) How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **General Education Environment? (Yes/No) How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Please provide any other detailed information regarding your personal and educational supports:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## EDUCATIONAL HISTORY

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

* **Where in school were you most successful?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* **List any other postsecondary educational experiences.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* **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.**

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## WHO ARE YOU?

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

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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.**

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WHAT ARE YOUR LONG-TERM GOALS?

* **What are your long-term goals upon completion of the Mason LIFE Program?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **How do you envision an ideal life?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Where will you be employed?**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **What are your family’s expectations of you upon completing the program?**

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WHAT WOULD AN IDEAL DAY BE LIKE FOR YOU?

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

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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** |  |  |  |  |
| **Following a schedule** |  |  |  |  |
| **Managing personal belongings** |  |  |  |  |
| **Preparing simple meals (stovetop and/or microwave)** |  |  |  |  |
| **Ordering and purchasing from a restaurant** |  |  |  |  |
| **Finding items in a store** |  |  |  |  |
| **Taking public transportation** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Skills and Communication** | **Need complete assistance** | **Need much assistance** | **Need little assistance** | **Completely independent** |
| **Communicating needs appropriately** |  |  |  |  |
| **Asking for help when lost** |  |  |  |  |
| **Dealing with conflict** |  |  |  |  |
| **Distinguishing between friends & strangers** |  |  |  |  |
| **Interacting appropriately with peers** |  |  |  |  |
| **Respecting authority figures** |  |  |  |  |
| **Using cell phone** |  |  |  |  |
| **Verbalizing and/or writing personal information (name, address, phone, etc.)** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Skills** | **Need complete assistance** | **Need much assistance** | **Need little assistance** | **Completely independent** |
| **Identifying value of coins/bills** |  |  |  |  |
| **Counting change/bills** |  |  |  |  |
| **Using a calculator** |  |  |  |  |
| **Managing a checking account** |  |  |  |  |
| **Staying within a budget** |  |  |  |  |
| **Using a computer for word processing** |  |  |  |  |
| **Navigating the Internet** |  |  |  |  |
| **Using email** |  |  |  |  |
| **Following verbal directions** |  |  |  |  |
| **Following written directions** |  |  |  |  |

**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 12-15 and pages 16-19) 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 Release Form (on page 10).**

### 

### 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

****

**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?

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Do you feel the applicant would benefit from the Mason LIFE Program?  Yes  No

Why or why not?

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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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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
2. Has the student been arrested or charged with a crime?  Yes  No
3. Has the student been convicted of a crime?  Yes  No If so, when and what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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Do you feel that the parent/family will be supportive of this applicant’s participation in the Mason LIFE Program?  Yes  No

Comments:

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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** |  |  |  |  |
| **Following a schedule** |  |  |  |  |
| **Managing personal belongings** |  |  |  |  |
| **Preparing simple meals (stovetop and/or microwave)** |  |  |  |  |
| **Ordering and purchasing from a restaurant** |  |  |  |  |
| **Finding items in a store** |  |  |  |  |
| **Taking public transportation** |  |  |  |  |

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

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

**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.

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Please describe the applicant in detail. What descriptive words come to mind? Please describe in detail a recent contact with the applicant. Feel free to include any additional information or commentary about this applicant. If you need more space, please attach an additional page.

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**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.

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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?

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Do you feel the applicant would benefit from the Mason LIFE Program?  Yes  No

Why or why not?

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Does the applicant have any behaviors that would interfere with their ability to participate in the Mason LIFE Program?

Yes  No

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Comments:

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Do you feel that the parent/family will be supportive of this applicant’s participation in the Mason LIFE Program?  Yes  No

Comments:

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SUPPORT INVENTORY

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| --- | --- | --- | --- | --- |
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| **Respecting authority figures** |  |  |  |  |
| **Using cell phone** |  |  |  |  |
| **Verbalizing and/or writing personal information (name, address, phone, etc.)** |  |  |  |  |

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| **Academic Skills** | **Needs complete assistance** | **Needs much assistance** | **Needs little assistance** | **Completely independent** |
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| **Managing a checking account** |  |  |  |  |
| **Staying within a budget** |  |  |  |  |
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**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