

Longwood University
Longwood LIFE Program
201 High Street
Farmville VA, 23909
Phone: (434) 395-2837



Longwood LIFE Program

Application for Admission for the Fall 2021

_____Application for Fall Admission

The Longwood LIFE Program application process begins with the submission of this application and supporting documents, along with the most recent copy of the applicant's IEP. Once the completed application has been submitted and reviewed, chosen applicants will be contacted for a personal interview with the Longwood LIFE Committee. Offers will be extended the following month for the semester in which the applicant is applying to. Tuition cost will be \$1000 for each semester to the College of Graduate and Professional studies, found at: <http://go.longwood.edu/pstudies>. There will be an option to make two payments of \$500 if the full \$1000 cannot be paid all at once. The program plan for the two-year certificate program is attached.

Fall Admission

Please submit applications and supporting documents by April 15, 2021. Personal interviews will take place in mid-May. The full amount of tuition is due by _____. To make two payments of \$500, one payment will be due by September 1, 2021, and the other \$500 payment will be due by November 1, 2021.

Longwood LIFE Spring 2021 Semester

January 27th-April 23rd, 2021

Wednesdays/Fridays (Draft of Schedule)

| Time | Wednesday |
|----------------------------------|---|
| 9:00-10:00 | Theater (Scarrow) |
| 10:00-11:00 (rotating groups) | Carpentry (Campbell) & Citizenship/Social Justice (Feathers) |
| 11:00-12:00 | Music/Ukulele (Feathers/Secoy) |
| 12:15-1:15 | Lunch |
| 1:30-2:30 (rotating groups) | Social Skills/Public Speaking (Walker) & Being ME (Tettelbach) |
| 2:30-3:30 (rotating groups) | Social Skills/Public Speaking (Cralidis) & Being ME (Tettelbach) |
| 3:30-5:00 | Vocational/Daily Living Skills Lab (Feathers) |

| Time | Friday |
|----------------------------------|---|
| 9:00-10:00 (rotating groups) | Consumer Math (Ms. Aftab) |
| 10:00-11:00 (rotating groups) | Reading/Writing (Feathers) |
| 11:00-12:00 | Lifetime Activities (Lucas) |
| 12:15-1:15 | Lunch |
| 1:30-2:30 | Healthy Relationships (Feathers) |
| 2:30-5:00 | On-Campus Job Training with Job Coaches |

*Potentially a few art classes on Friday mornings (Nelson)

Longwood LIFE Program

*****We strongly encourage student and caregivers to fill out application together.*****

STUDENT INFORMATION

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

Address: _____ **Social Security Number:** _____

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

Email address: _____ **Cell phone:** _____

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

US Citizen: **Yes** **No**

FAMILY/GUARDIAN INFORMATION

Parent/Guardian:

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

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

Occupation/ Employer: _____ **Work Phone:** _____

Employer Name and Address: _____

Email address: _____ **Cell Phone:** _____

Highest Level of Education: _____ **Date of Birth:** _____

Parent/Guardian:

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

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

Occupation/ Employer: _____ **Work Phone:** _____

Employer Name and Address: _____

Email address: _____ **Cell phone:** _____

Highest Level of Education: _____ **Date of Birth:** _____

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

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

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

Is the applicant his or her own guardian?

Who has power of attorney over applicant? Please explain.

Please list out any person(s) with permission to pick student up as well as their relation to student.

FAMILY HISTORY

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

Please list siblings and their ages.

Please detail any significant information that will impact the applicant's family support.

MEDICAL/DISABILITY HISTORY - Part A

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

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

| Medication Name | Dosage | Frequency | Reason for Medication |
|------------------------|---------------|------------------|------------------------------|
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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

- Please list any allergies and necessary medications or reaction procedures

| Allergy | Medication/Procedure |
|---------|----------------------|
| | |
| | |
| | |

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

| Food Sensitivity | Medication/Procedure |
|------------------|----------------------|
| | |
| | |

Does the applicant have any problems with incontinence? Yes No
 Is applicant independent in mobility (walk or use wheelchair)? Yes No

WHAT IS THE SUPPORT HISTORY?

Question 1

1. Does the applicant have an application with their Department of Rehabilitation Services? (Yes/No) When? _____

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

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

4. What was the level of support the applicant had in their last educational environment?

- a) One to one? (Yes/No) How long? _____
- b) Self-Contained Setting? (Yes/No) How long? _____
- c) Inclusive Setting? (Yes/No) How long? _____
- d) General Education Environment? (Yes/No) How long? _____

5. Please provide any other detailed information regarding the applicant's personal and educational supports:

6. Please provide a copy of the student's most recent Individualized Education Plan and/or Post-secondary Transition Plan with the IEP release form.

- What are your goals for the future in consideration of living arrangements? If you need more space, please attach an additional page.

WHAT WOULD AN IDEAL DAY BE LIKE FOR YOU?

Question 3

What would an ideal day be like for you? Please include all current recreational activities that would be meaningful and enjoyable for you. What are some activities and future recreational goals for you? If you need more space, please attach an additional page.

EMPLOYMENT HISTORY-ONLY IF APPLICABLE***

Part B

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

| Name of Business/Company | Paid or Unpaid? | Reason for Leaving | Amount of time at Job |
|---|-----------------|--------------------|-----------------------|
| | | | |
| <p>Please list job responsibilities:</p> | | | |
| <p>List any support services provided:</p> | | | |

| | | | |
|--|------------------------|---------------------------|------------------------------|
| | | | |
| 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

Note: This section may be filled out by only parent, teacher, or caretaker.

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

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

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

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

Reading and writing skills: (check highest level)

Writing:

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

Reading:

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

Listening comprehension:

- retells a simple story

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

RECOMMENDATION AND RELEASES

Part D

The following people will be submitting letters of recommendation for the applicant:

Name:

Relationship:

Address and Phone:

Name:

Relationship:

Address and Phone:

Graff Parent Readiness Scale (GPRS)

Completed by: _____

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

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

1. I expect to know everything my students does at the university.
Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-one support all day.
Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.
Strongly Agree 1 2 3 4 5 Strongly Disagree
4. I worry about my student crossing the street.
Strongly Agree 1 2 3 4 5 Strongly Disagree
5. I need to know the homework assignment for each class.
Strongly Agree 1 2 3 4 5 Strongly Disagree
6. I need to know the calendar of activities offered to my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
7. I would like to speak with my student's support staff.
Strongly Agree 1 2 3 4 5 Strongly Disagree
8. I would like to attend classes to see my student interact with others.
Strongly Agree 1 2 3 4 5 Strongly Disagree
9. I trust my student's judgment.
Strongly Agree 1 2 3 4 5 Strongly Disagree
10. I trust my student's ability to handle small sums of money.
Strongly Agree 1 2 3 4 5 Strongly Disagree
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

LONGWOOD UNIVERSITY

Office of Marketing and Communications

PHOTO & VIDEO RELEASE

I hereby authorize Longwood University and those acting pursuant to its authority to photograph, video tape, or use any other electronic method of recording my likeness and/or voice to be used at the University's discretion in University-related print publications and/or other media formats including but not limited to broadcast, videotape, CDROM, and electronic/online media.

I hereby give the University the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage of me in which I may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos and/or web sites where my image appears. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I waive any right to compensation for my appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

I have read and fully understand the terms of this release.

(If you are under 18 years of age, a parent or guardian must sign.)

Signature _____

Printed Name _____

Minor's Name (if applicable) _____

Address _____

City/State/Zip _____

Date _____

CONTACT:

Marketing and Communications
434.395.2020