

# LifePrep @ Naz

Step Into Your Future, Experience Your Success



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## *School-Aged Student Application*

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**Project Partners:**



# LifePrep @ Naz

*Step Into Your Future, Experience Your Success*



## Program Request Cover Page

Must be completed and attached to application for students aged 18-20 years ONLY

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home District: \_\_\_\_\_

Student's Current Program: \_\_\_\_\_

District Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

Director of Special Education signature:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Attach student's current IEP, most recent psychological evaluation, and current health form.**

**Send to:**

Director of Special Education  
Victor Central School District  
953 High Street.  
Victor, NY 14564

**\*\*Applications for the following school year are due no later than February 14 of the current school year\*\***

# Application Purpose and Guidelines

The purpose of this application is to outline the skill set of the **LifePrep@Naz** candidate. This application then allows the Admissions Committee to identify candidates with potential for success while at **LifePrep@Naz**. A parent, counselor, teacher or employer may be contacted by the Admissions Committee to gather additional information. Our goal is to admit individuals who will be successful while attending **LifePrep@Naz** and who will work towards the outcomes of self-determination, independence and meaningful employment.

## Guidelines for the Admissions Process:

1. All candidates must complete an application to be considered for the LifePrep@Naz program. **School-aged student applications for the following school year are due no later than February 14 of the current school year.**
2. Candidates will be contacted to interview at Nazareth College during the month of March.
3. Following interviews, the Admissions Committee will contact all candidates in writing to notify them of their status.

The LifePrep@Naz Admissions Committee consists of representatives from the following:

- The Arc of Monroe County
- Victor Central School District
- Nazareth College

By completing this application, the applicant and family hereby provide consent for The Arc of Monroe County, Victor Central School District and Nazareth College to share student information during the application process, including status of eligibility with OPWDD.

\_\_\_\_\_  
Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Candidate

\_\_\_\_\_  
Date



## LifePrep@Naz School-Aged (18-20) Student Application

A. This section of the application should be completed by the 18-20 year-old candidate, and his/ her family, with support from the referring teacher. All questions must be answered completely for the application to be accepted. Once completed, submit to your District's Special Education administrator for approval.

Directors of Special Education: please complete Section B and submit this application to:

**Director of Special Education  
Victor Central School District  
953 High Street, Victor NY 14564  
(585) 924-3252 Ext: 1456**

### Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home School District: \_\_\_\_\_  
Director of Special Education: \_\_\_\_\_  
Director of Special Education Phone/Extension: \_\_\_\_\_

OPWDD Status: Have you been approved for OPWDD services? \_\_\_ Yes \_\_\_ No  
If yes: Service Coordinator \_\_\_\_\_ Phone #: \_\_\_\_\_ Agency \_\_\_\_\_

Enrolled in Waiver? \_\_\_ Yes \_\_\_ No

Is Receiving Services From: (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Supplemental Security Income              | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Developmental Disabilities Administration | <input type="checkbox"/> Vocational Rehabilitation  |
| <input type="checkbox"/> Medicaid                                  |   |

### School Information

List the names of schools and years of attendance.

Names of Schools	Years of Attendance
_____	_____
_____	_____

Exit Date: \_\_\_\_\_



# LifePrep@Naz School-Aged (18-20) Student Application

## Personal Statement

(This portion of the application should be completed by/with the candidate.)

Why do you want to receive special education services in a college setting?

What do you want to learn that you have not been able to learn in high school?

What kinds of jobs are you interested in after you leave school?

What do you do in your free time?

What is your favorite hobby or sport?

What is your favorite musical group or who is your favorite singer?

Do you spend time with friends outside of school?  Yes  No

If yes, what do you like to do with your friends?

What types of things do you need assistance with?

**Below, please describe some of the skills you would like to learn.**

Continuing education (e.g., community college classes)

Independent living (e.g., cooking, housekeeping)

Functional academics (e.g., reading, calculating, budgeting)

Social/recreational/leisure (e.g., making friends, going places)

Vocational training (e.g., applications, job experiences, interview skills)

## LifePrep@Naz School-Aged (18-20) Student Application

### Work Information

Has the candidate demonstrated success in at least four semesters of supported or independent work experience (unpaid job tryouts) in the community or the school? (if applicable)

Yes     No     N/A

If yes, please list work experiences and level of support required. (Does the candidate require one-to-one supervision or periodic support to perform the job, or does she or he work independently?)

Job Description	Dates of Experience	Level of Support	Reason for Leaving

If no, why has the candidate not participated in four semesters of work experience?

Has the candidate held a paid job in the community?     Yes     No

If yes, please list the jobs held, the dates of employment, the level of support, wages received, and the candidate's reason for leaving.

Job Description	Dates of Employment	Level of Support	Wages Per Hour	Reason for Leaving

Is the candidate currently employed in his or her neighborhood?     Yes     No

Does the candidate require specialized equipment, adaptations or modifications, or specific reinforcers at the workplace? If so, please describe:

If the candidate has not been engaged in a paid employment position, why not?

# LifePrep@Naz School-Aged (18-20) Student Application

## Inclusion Information

Has the candidate participated in general education classes in his or her home school?

Yes

No

If yes, please list the subjects:

Subject(s)	

What accommodations were used to support the candidate in these classes?

# LifePrep@Naz School-Aged (18-20) Student Application

B. This section of the application should be completed by your District's Special Education administrator.

## Additional Information

Does the candidate demonstrate satisfactory attendance as defined by the Board of Education?  
 Yes    No

If no, please explain:



Has the candidate ever been suspended?    Yes    No

If yes, please provide the following information:

Date	Action subject to discipline	Number days suspended



How would this candidate handle the following scenarios?

- A professor is absent and has left a note on the door stating that class has been canceled.
  
- During class, the fire alarm goes off and the building is being evacuated.
  
- An unknown adult asks the student to come with him or her.



Does the candidate take medication at school?  Yes  No

If yes, does the student self-administer?  Yes  No

Does the student have any medical needs that must be supported by his/her educational program?  
 Yes  No

If so, please describe the support/supervision the school provides:

Has the student required aide support during this current school year?  Yes  No

If so, please describe how the paraprofessional supports the student, and the amount of time per day:

Does the student independently navigate his/her school building?  Yes  No

For what amount of time is the student able to be unsupervised:

- He/she must be within vision of an adult at all times
- He/she can be unsupervised up to 15 minutes
- He/she can be unsupervised up to 30 minutes

Please include any other information pertinent to this candidate's ability to be successful on a college campus:

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Administrator Signature

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Date