



Return form to the TIES Coordinator [TIES Coordinator Name] at [email]

or [optional – drop off or mailing location – i.e. school]

TIES Participant Application

Name: _____ Date: _____

Address: _____

Birthdate: _____ Grade: _____ School: _____

Parent/Guardian Contact Information

Parent/Guardian #1:

Name: _____

Phone: _____ Email: _____

Parent/Guardian #2 (optional):

Name: _____

Phone: _____ Email: _____

Previous Involvement

Please list any activities your child has previously participated in (community, recreational, extracurricular, school-based, etc.):

Interests & Activities

Please list the activities your child is interested in participating in (e.g., Scouts, youth groups, sports, school clubs, arts programs, community/recreation programs, etc.):

Activities:

Student Profile

Communication Skills:

(How well does your child understand and follow verbal directions? Do they use other forms of communication such as sign language, a communication board, AAC device, or gestures?)

Level of Independence:

(What type or level of assistance will help your child feel most successful in activities?)

Additional Information:

(Please share anything else that would be helpful to ensure your child's success in the TIES program.)

Program Information

Does your child have OPWDD eligibility? ☐ Yes ☐ No

If yes, is your child enrolled in Self-Direction? ☐ Yes ☐ No

Would you like us to contact your child's teacher? ☐ Yes ☐ No

Teacher's Name: _____

Teacher's Phone/Email: _____

Parent/Guardian Signature: _____

Date: _____