

Does the student wear glasses?

Adair County SB40 Developmental Disability Board L.I.F.E. Youth Program Application

Please complete and return to the Adair County SB40 Community Learning Center no later than **May 5, 2024**. Space is limited and completion of this application does not guarantee admission into the L.I.F.E. Youth Program.

| Individual's Full Name: | | | | | | | | | | |
|---|---------------------------------------|------------------|----------|------------|-------------------|--------------|------------|-------|--------|-------|
| La | ast | First | | | | ſ | Nickname | | | |
| Parent/Guardian's Name: | Last | First | | <u> </u> | | | | | | |
| | | | | | | | | | | |
| Address: Street Add | lress Apartment/Unit # | | City | | State | Zip | County | | | |
| Day Phone(s): () Cell Phone(s): (| | | | | Work Phone(s): () | | | | | |
| Email Address: | | | | | | | | | | |
| Birth Date: Grade Level 2024-2025 Year: | | | | | School: | | | | | |
| Name of person completin | ig this form: | | | | | | | | | |
| Please list all disabilities, s | serious illness, or limi [,] | tations: _ | | | | | | | | |
| | | | | | | | | | | |
| Allergies: | | | | | | | | | | |
| Are there any dates that th | ne student would <u>NOT</u> | <u>r</u> be able | to atter | nd? | Yes N | 0 | | | | |
| If yes, please list date(s) ir | ncluding, camps, vaca | ations, et | c.: | | | | | | | |
| The following information | will help in supporting | your stu | ident wh | ile at the | e L.I.F.E. Y | outh Progra | am: | | | |
| Does the student use a wh | neelchair? | | Yes | No | Is the who | eelchair - | Manual | Elect | ric | |
| If the student uses | s a wheelchair, how o | ften do tl | ney nee | d a brea | ak from thei | r chair? | | | | |
| If the student uses a whee | lchair, what type of s | upport is | needed | to trans | sfer? Wall | ker Som | e physical | Tot | al phy | sical |
| Does the student need as | sistance with walking | ? | Yes | No | Cane(s) | Walker (| Other | | | |
| Does the student have hearing problems? | | Yes | No | Wears he | earing aids? | Yes | No | | | |
| Does the student have limitations with speech? | | Yes | No | Uses sigr | n language? | Yes | No | | | |
| Does the student use a communication device? | | | Yes | No | Will it be | used during | the progra | am? | Yes | No |
| Does the student follow directions well? | | | Yes | No | Needs ve | erbal prompt | ts? Yes | No | | |
| Does the student need help to use the restroom? | | | Yes | No | Wears At | tends durin | g the day? | Yes | No |) |
| Does the student need sup | pport while eating? | None | Some | Total | Cutting u | p food? | Yes | No | | |

Yes

No

Contacts?

Yes

No

| Does the student require behavioral support? Yes No (If y or on a separate sheet.) | res, please explain in detail at the botto | m of this page |
|--|--|----------------|
| Does the student use other special, adaptive equipment? | Yes No | |
| If yes, please describe: | | |
| Does the student have any limitations due to sun and/or heat? | Yes No | |
| If yes, please describe: | | |
| Will the student need to take medication during the Camp? | Yes No | |
| What is the average length of the student's attention span? | | |
| How does this student learn best (i.e. listening, watching, side-by-sid | de, etc.)? | |
| What skills/interests/jobs would this student like to try and/or build u | oon during the L.I.F.E. Youth Program? | , |
| | | |
| | | |
| | | |
| What are this student's favorite hobbies, interests, or activities? | | |
| | | |
| | | |
| Other comments/information that may be helpful to know about this | student: | |
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