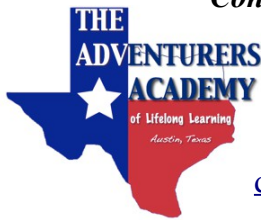


# Adventurers Academy of Lifelong Learning

*Continuing Educational, Community, and Vocational Experiences  
for Youth and Adults with Special Needs*



Diane Mackey, Director

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## Adventurers Academy Application

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I am interested in attending the Academy, beginning (date) \_\_\_\_\_

\_\_\_ Year-round Academy \_\_\_ Spring Break \_\_\_ Summer

\_\_\_ Full time (i.e., M-F) \_\_\_ Part time (State days and times you are interested in below.)

How did you hear about The Adventurers Academy? \_\_\_\_\_

### Family and Contact Information

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Mother - Preferred method of contact: \_\_\_ Phone \_\_\_ E-mail \_\_\_ Either

Father - Preferred method of contact: \_\_\_ Phone \_\_\_ E-mail \_\_\_ Either

Emergency Contact: (Other than parents)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## General Applicant Information

Have you lived on your own?  Yes  No If yes, please describe \_\_\_\_\_

Please list your hobbies and interests \_\_\_\_\_

Do you know how to swim?  Yes  No Do you have a valid driver's license?  Yes  No

Have you ever been suspended from school?  Yes  No If yes, please describe the reason for your suspension. \_\_\_\_\_

Are you your own guardian?  Yes  No If no, what level is your guardianship and who is your guardian? \_\_\_\_\_

Are you a US Citizen?  Yes  No If no, in what country are you a citizen? \_\_\_\_\_

Home Language  English  Spanish  Other \_\_\_\_\_

Have you had a psychological exam?  Yes  No

- If yes, please send a copy of the most recent evaluation with your application.

## Employment History

Are you currently, or have you been employed?  Yes  No

If yes, please list current or most recent employment.

Work Place \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  Full Time  Part Time

Days and hours that you work(ed) \_\_\_\_\_

Did you receive support from a job coach?  Yes  No If yes, please give name of job coach

Name

Telephone Number

## Education History

Do you have a high school diploma, GED, or equivalent?  Yes  No

Name of School \_\_\_\_\_

Address \_\_\_\_\_ Graduation Date \_\_\_\_\_

Have you participated in any other day programs or job training since graduation?  Yes  No

If yes, please list programs \_\_\_\_\_

**Personal Essay (To be completed only if applicant is able to write independently)**

Applicant: Please complete without assistance. Why would you like to attend the Adventurers Academy of Lifelong Learning? (attach separate page if needed)

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**Tuition Payment Options**

How do you plan to pay your child's tuition? \_\_\_ Self Pay \_\_\_ Agency Funding

**Self Pay**

You may submit tuition payments conveniently in one of the following ways:

- In Person: Payments can be made in person at The Adventurers Academy on or before the first day of each month. Payment may be with cash, check or money order.
- By Mail: Send Check or Money Order on or before the first day of each month to:  
The Adventurers Academy of Lifelong Learning, 7106 Shadywood Dr, Austin TX 78745.

**Agency Funding (Complete only if you have agency funding of some sort.)**

Your provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name of Medicaid Waiver Program: \_\_\_ HCS \_\_\_ TxHmL \_\_\_ other: \_\_\_\_\_

Other Funding Program: \_\_\_\_\_

If an agency is providing tuition funding, your case manager must sign this application and fill in the approved amount. Applications without a signature will not be processed.

**Media Release and signatures**

**Media Release: Your signature below authorizes the following:**

I grant permission for visitors to meet and/or observe my child. I grant permission to use me/my child's photograph, video and/or voice recording. I grant all right, title, and interest in any and all photographic images and video or audio recordings made by The Adventurers Academy staff and volunteers, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

The statements contained in this application are complete and accurate. Falsification of information on this application may result in denial of admission to the Academy.

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

Submit this application with your \$35 application fee (and \$100 deposit for future attendance) to the address above.



# Adventurers Academy Application Medical History

Medical diagnosis of developmental or intellectual disability? \_\_\_Yes \_\_\_No

Diagnosis: \_\_\_\_\_

Describe below

Is applicant subject to seizures? \_\_\_Yes \_\_\_No If yes, answer the following

- When, where was the seizure first noted? \_\_\_\_\_
- Describe their nature, severity and frequency \_\_\_\_\_  
\_\_\_\_\_
- Approximate date of last seizure \_\_\_\_\_
- Are seizures controlled with medication \_\_\_Yes \_\_\_No \_\_\_\_\_
- Name and phone number of neurologist \_\_\_\_\_

Does applicant have any heart problems? \_\_\_Yes \_\_\_No If yes answer the following

- List any doctor ordered restrictions related to these problems? \_\_\_\_\_  
\_\_\_\_\_
- Name and phone number of cardiologist \_\_\_\_\_

Does applicant have any eating disorders? \_\_\_Yes \_\_\_No If yes describe below

Does applicant require a special diet? \_\_\_Yes \_\_\_No If yes, answer the following

- Does a doctor prescribe the diet? \_\_\_Yes \_\_\_No If yes, give name of doctor  
\_\_\_\_\_
- For what condition was the diet prescribed? \_\_\_\_\_
- What are the limitations on the diet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant have a hearing impairment? \_\_\_Yes \_\_\_No If yes, describe \_\_\_\_\_

- Does applicant use a hearing aid? \_\_\_Yes \_\_\_No
- Does applicant know and use sign language? \_\_\_Yes \_\_\_No If yes, what method is used? \_\_\_\_\_

Medical History, p. 2

Does applicant have a vision impairment? \_\_\_Yes \_\_\_No If yes, describe \_\_\_\_\_

- Does applicant wear glasses/contact lenses? \_\_\_Yes \_\_\_No \_\_\_\_\_

Does applicant have any physical limitations or disabilities? \_\_\_Yes \_\_\_No If yes, please answer the following:

- Does applicant use a wheel chair, walker, cane or crutches? \_\_\_Yes \_\_\_No  
If yes, please explain to what extent these aids are used. \_\_\_\_\_

Does applicant have any allergies (food, pollen, drug sensitivities)? \_\_\_Yes \_\_\_No If yes, please explain:

Foods \_\_\_\_\_

Pollens \_\_\_\_\_

Drug sensitivities \_\_\_\_\_

Does applicant have any behavior issues that include biting, hitting, kicking, pinching, yelling or throwing things? \_\_\_Yes \_\_\_No If yes, please explain \_\_\_\_\_

- What sets behavior off? \_\_\_\_\_
- How do you de-escalate the situation? \_\_\_\_\_

Does applicant have an autism spectrum disorder? \_\_\_Yes \_\_\_No If yes, please answer the following;

- What is the diagnosis: \_\_\_Autism \_\_\_Asperger's Syndrome \_\_\_Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)
- What types of behaviors are noted due to this diagnosis? \_\_\_\_\_

Does applicant have a diagnosis of attention deficit – hyperactivity disorder? \_\_\_Yes \_\_\_No

- If yes is applicant taking medication for this? \_\_\_Yes \_\_\_No

Does applicant smoke? \_\_\_Yes \_\_\_No

- Please understand that the Adventurers Academy is a tobacco and alcohol free program.







# Adventurers Academy Application

## Activities of Daily Living

Name of applicant \_\_\_\_\_

Check list completed by \_\_\_\_\_

### Daily Living Skills (Academy and Summer Program applicants only)

Please check the levels of independence. Additional comments may be written on reverse side.

Key:

Independent = is able to complete task without supervision

Semi dependent = is able to complete a task with verbal prompts and/or assistance

Dependent = needs complete assistance

NA = Does not do this skill or is not applicable

Skill	Independent	Semi-independent	Dependent	NA
Able to set and wake up to alarm in the morning				
<b>Bathing</b>				
Shower				
<b>Hair Care</b>				
Shampoo				
Dry hair				
Comb or brush hair				
Style hair				
<b>Dressing</b>				
Applies deodorant regularly				
Chooses appropriate clothing for activity				
Buttons and zips clothing				
Ties Shoes				
Dresses self				
Hangs clothes on hanger				
Matches clothes				
<b>Shaving</b>				
Face ( ___ Electric ___ Disposable razor)				
Underarms (female)				
Legs (female)				
<b>Teeth Care</b>				
Brushes teeth				
Flosses				

Skill	Independent	Semi-independent	Dependent	NA
<b>Menstrual Cycle (females)</b>				
Knows when to change napkin				
Recognizes need for assistance and asks for it				
Disposes of soiled napkins appropriately				
Takes care of soiled clothing properly				
<b>Housekeeping</b>				
Sets table with objects in proper places				
Clears table				
Washes dishes				
Uses Dishwasher				
Makes bed (Two sheets and puts on pillow case)				
Puts laundry away				
Dusts furniture				
Vacuums Carpeting				
Keeps room neat				
Cleans restroom (toilet, sink and tub)				
<b>Laundry</b>				
Puts dirty clothes in hamper				
Sorts laundry (colors and whites)				
Places dirty clothes in washer				
Adds correct amount of soap				
Places clothes in dryer and sets timer				
Remove clothes from dryer and fold or hang				

**Additional Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Adventurers Academy Application

## Teacher, Therapist, Supervisor Reference

### Applicant Information

After you have completed the information below please give this form to a professional who has worked with the applicant providing direct services (for example, teacher, therapist, or work supervisor) to be completed as a reference for admission to the Adventurers Academy of Lifelong Learning.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

I recognize the confidential nature of this reference and I waive my right to view this document \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Professional Reference

After completion of this reference form, please mail directly to  
Diane Mackey, The Adventurers Academy of Lifelong Learning, 7106 Shadywood Dr. Austin, TX 78745

Name of Reference \_\_\_\_\_

Position Held \_\_\_\_\_ Agency/School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

How long have you know this applicant? \_\_\_\_\_

In what capacity have you worked with this applicant? \_\_\_\_\_

\_\_\_\_\_

What do you see as this applicant's strengths? \_\_\_\_\_

\_\_\_\_\_

What skills do you feel this applicant needs to continue to work on? \_\_\_\_\_

\_\_\_\_\_

How well does this applicant interact with:

- Peers/coworkers \_\_\_\_\_
- Supervisors/teachers \_\_\_\_\_

Professional Reference, continued

In your opinion, does this applicant have any behavioral or emotional issues of concern that our Academy staff should know about?  Yes  No      If yes, please describe below:

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Is this applicant able to follow simple directions in a small group of 5-8 peers?  Yes  No

Does this applicant stay with a group when out in the community?  Yes  No

Is this applicant self motivated to continue learning?  Yes  No

Does this applicant like to try new things?  Yes  No

Does this applicant have need of one on one assistance?  Yes  No

If Yes, Please explain: \_\_\_\_\_

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The Adventurers Academy will provide continuing education classes with an emphasis on skills students need for daily living or to succeed in a work environment. Participants will have opportunities to learn new skills, develop new interests and become more involved in their community. Vocational training will prepare participants for employment or the opportunity to volunteer in the community. Knowing this, based on what you know about this applicant, how would you recommend the applicants potential for success at the Adventurers Academy of Lifelong Learning?

Highly Recommend  Recommend  Recommend with Reservation  Not Recommend

Please make any additional comments that might be helpful to the Adventurers Academy staff in determining if the Academy will be a good fit for this applicant to meet his/her academic, social, recreational and vocational needs. \_\_\_\_\_

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date