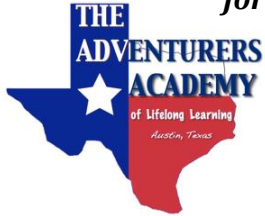


# Adventurers Academy of Lifelong Learning

*Continuing Educational, Community, and Vocational Experiences  
for Youth and Adults with Intellectual/Developmental Disabilities*



Diane Mackey, Director  
Office: 7106 Shadywood Dr, Austin, TX 78745-6464  
512-443-4514 (Office), 512-784-2479 (Cell)  
adventurers@austinadventurers.org - www.austinadventurers.org

## Application for the Adventurers Academy of Lifelong Learning

Thank you for your interest in applying to the Adventurers Academy of Lifelong Learning! Your application to the Academy is very important to us. We want the Academy experience to be enriching and enjoyable for all Adventurers. This application helps us match our programs to participants' needs and abilities and ensure we are the right program for a participant.

In order to complete the application process, please make sure the following information is included and that you have completed all sections of the application.

- Complete the enclosed application.
- Have a professional who has worked with the applicant in group situations complete the reference part of the application and mail it directly to the Academy.
- For applicants just exiting public school include a copy of most recent IEP.
- \$35 non-refundable application fee
- We will schedule an interview and visit with parent/guardian AND applicant after review of your application.

### For your Information:

#### Hours

9:00 AM – 4:00 PM Monday-Friday.

Service Location:	Mailing Address:
1010 Meredith Drive, Manchaca, TX 78748	7106 Shadywood Dr, Austin, TX 78745

**Participants provide their own lunch.**

### Adventurers Academy Of Lifelong Learning Participation

- The Adventurers Academy and other Adventurers activities are open to youth and adults with intellectual/developmental disabilities who are emotionally healthy, can participate successfully in small group activities and follow basic instructions, and express a desire to be a part of the Adventurers. We are unable to provide one-on-one assistance to any participants.
- In order to ensure a quality experience for all, the Adventurers Academy has a no-tolerance policy for aggressive or disruptive behavior.

If you have questions about the application process please call Diane at 512-443-4514 or e-mail questions to [diane@austinadventurers.org](mailto:diane@austinadventurers.org).

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# Adventurers Academy Application

## Applicant Information

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

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 \_\_\_ Summer

\_\_\_ Full time (Mon-Fri) \_\_\_ 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

- Medical diagnosis of developmental or intellectual disability? \_\_\_ Yes \_\_\_ No  
Please list all identified disabilities: \_\_\_\_\_  
\_\_\_\_\_
- Does applicant have an autism spectrum disorder? \_\_\_ Yes \_\_\_ No. If yes, please answer the following:  
What is the specific 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 have any behavior issues that include biting, hitting, kicking, pinching, yelling or throwing things? \_\_\_ Yes \_\_\_ No. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
How often do these behavior issues occur? \_\_\_\_\_  
What sets behavior off? \_\_\_\_\_  
How do you de-escalate the situation? \_\_\_\_\_  
\_\_\_\_\_
- How does this applicant communicate best independently?  
\_\_\_ Speaks full sentences; \_\_\_ Speaks 2-3 word phrases;  
\_\_\_ Uses signs; \_\_\_ Uses gestures; \_\_\_ Uses communication device.
- This applicant will comprehend best with \_\_\_ Verbal directions; \_\_\_ Visual cues;  
\_\_\_ Combination of verbal directions and visual cues; \_\_\_ Physical assistance from staff.
- Does this applicant read? \_\_\_ Yes \_\_\_ No. Reading grade/age level: \_\_\_\_\_
- Does this applicant comprehend at the same level as he/she reads? \_\_\_ Yes \_\_\_ No
- Does this applicant write? \_\_\_ Yes; \_\_\_ No; \_\_\_ Signature; \_\_\_ Words; \_\_\_ Sentences.
- Has applicant lived on his/her own? \_\_\_ Yes \_\_\_ No If yes, please describe  
\_\_\_\_\_  
\_\_\_\_\_
- Please list hobbies and interests \_\_\_\_\_  
\_\_\_\_\_

- Does applicant know how to swim? \_\_\_ Yes \_\_\_ No
- Does applicant have a valid driver's license? \_\_\_ Yes \_\_\_ No
- Applicants under 24: Has this applicant ever been suspended from school? \_\_\_ Yes \_\_\_ No  
If yes, please describe the reason for the suspension. \_\_\_\_\_  
\_\_\_\_\_
- Does this applicant have a guardian? \_\_\_ Yes \_\_\_ No  
If yes, who is the guardian? \_\_\_\_\_  
Level of guardianship: \_\_\_\_\_
- Home Language \_\_\_ English; \_\_\_ Spanish; \_\_\_ Other \_\_\_\_\_
- Has applicant had a psychological exam within the past 3 years? \_\_\_ Yes \_\_\_ No  
If yes, please send a copy of the most recent evaluation with your application.

### Employment History

- Is applicant 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 applicant receive support from a job coach? \_\_\_ Yes \_\_\_ No  
Name of job coach \_\_\_\_\_  
Name Telephone Number

### Education History

- Has applicant completed public/ private/home school? \_\_\_ Yes \_\_\_ No
- If yes, does applicant have a high school diploma, GED, or equivalent? \_\_\_ Yes \_\_\_ No
- Name of School \_\_\_\_\_
- Address \_\_\_\_\_ Graduation Date \_\_\_\_\_
- Has applicant 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)**

Please have applicant complete this 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 by cash or check in person at The Adventurers Academy on or before the first day of each month.
- 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: \_\_\_\_\_

Applicant Level of Need (LON): \_\_\_\_\_

**If an agency is providing tuition funding, your case manager must contact the Adventurers Academy to make arrangements for payment.**

**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 my/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

- 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. Medication: \_\_\_\_\_  
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?  
\_\_\_\_\_
- 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:  
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:
  - Foods \_\_\_\_\_
  - Pollens \_\_\_\_\_
  - Drug sensitivities \_\_\_\_\_

- Does applicant smoke? \_\_\_ Yes \_\_\_ No  
Please understand that the Adventurers Academy is a tobacco and alcohol free program.

- Does applicant take any medication? \_\_\_ Yes \_\_\_ No      If yes, complete chart below:

Medication	Dose	Time Dispensed	Why Given

I, \_\_\_\_\_ give my permission for the Adventurers Academy staff to administer \_\_\_ Tylenol \_\_\_ Advil \_\_\_ Aspirin, if needed by my child. (check which one you prefer)  
You may send your own to be kept at the Academy for your child if you wish.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Medical Doctor information – please give name, complete address and telephone number of the doctor who has the applicant's complete medical history.

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone number



# 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-independent = is able to complete a task with verbal prompts

Semi-dependent = needs hands-on assistance to complete tasks

Dependent = needs tasks done for him/her

NA = Does not do this skill or is not applicable

Skill	Independent	Semi-Independent	Semi-Dependent	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)					

Skill	Independent	Semi-Independent	Semi-Dependent	Dependent	NA
<b>Teeth Care</b>					
Brushes teeth					
Flosses					
<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					

**Attach a separate sheet for additional comments.**

# Adventurers Academy Application

## Teacher, Supervisor Reference

### Applicant Information

After you have completed the first section below, please give this form to a professional who has worked with the applicant providing direct services (for example, teacher or work supervisor). This form must be filled out by a professional who has worked with the applicant in a **group setting**.

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

**This form must be filled out by a professional who has worked with the applicant in a group setting.**

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 size group did this applicant participated in? \_\_\_\_\_

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 \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this applicant able to follow simple directions in a 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: \_\_\_\_\_

\_\_\_\_\_

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. We can be a very fast-paced program. We have a no-tolerance policy for aggressive or disruptive behavior. 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, physical, social, recreational and vocational needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Referrer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date