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.

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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)

_____

_____

_____

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					
Bathing					
Shower					
Hair Care					
Shampoo					
Dry hair					
Comb or brush hair					
Style hair					
Dressing					
Applies deodorant regularly					
Chooses appropriate clothing for activity					
Buttons and zips clothing					
Ties Shoes					
Dresses self					
Hangs clothes on hanger					
Matches clothes					
Shaving					
Face (___Electric ___Disposable razor)					
Underarms (female)					
Legs (female)					

Skill	Independent	Semi-Independent	Semi-Dependent	Dependent	NA
Teeth Care					
Brushes teeth					
Flosses					
Menstrual Cycle (females)					
Knows when to change napkin					
Recognizes need for assistance and asks for it					
Disposes of soiled napkins appropriately					
Takes care of soiled clothing properly					
Housekeeping					
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)					
Laundry					
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