



# Ready For Life

belong · believe · become

## Student Application 2018-2019

Ready For Life Academy  
Postsecondary Transition Program

at  
Calvin College, Grand Rapids, MI  
Hope College, Holland, MI

Mail Application to  
Ready for Life  
3250 28<sup>th</sup> St SE, Ste 102  
Grand Rapids, MI 49512

Office Use Only:  
Date Recv'd \_\_\_\_\_  
App Fee \$ \_\_\_\_\_  
Check # \_\_\_\_\_

### Student Information

*(to be completed by the student and/or family member/guardian)*

Last Name		First Name		Middle Name	
Home Phone			Cell Phone		
Street Address					
City				State	Zip
Birth Date			Social Security No.		
Email Address			State ID or DL Number		

Applying for:		Location:		Academic School Year:	
Full Time	Part Time	Calvin	Hope	Year to Start	

Student receives support or services from: (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Social Security Disability Insurance |
| <input type="checkbox"/> Community Mental Health      | <input type="checkbox"/> Vocational Rehabilitation Services   |
| <input type="checkbox"/> Medical Assistance           | <input type="checkbox"/> Other _____                          |

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> I am my own Guardian              | <input type="checkbox"/> We have not filled out guardianship paperwork |
| <input type="checkbox"/> My parents have Power of Attorney |  |
| <input type="checkbox"/> My parents are my Guardian        |  |

All documents supporting the above checked boxes must be included with this application.

### School Information

*(to be completed by parent or guardian)*

List the name(s) of high school(s) and years of attendance.

Names of High School(s), City & State	Years of Attendance

Referring Teacher	Anticipated Exit Date

### Family Information

*(to be completed by parent or guardian)*

Student lives with

Both parents	Mother	Father	Guardian(s)	Other
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Mother/Guardian #1

Last Name	First Name
Home Phone	Cell Phone
Work Phone	Email address

Father/Guardian #2

Last Name	First Name
Home Phone	Cell Phone
Work Phone	Email address

Siblings

Names	Age

### Emergency Contact Information

*(to be completed by parent or guardian)*

Name	Phone
Relationship	

Name	Phone
Relationship	

## Personal Statement

*(to be completed by student with assistance from a parent or guardian)*

Why do you want to receive services in a college setting?

What do you want to learn that you have not been able to learn in high school?

What type of jobs are you interested in after you leave school?

What do you like to do in your free time?

What is your favorite hobby or sport?

What other interests do you have?

Do you spend time with friends outside of school?  Yes  No

List your closest friends.

What types of things do you need assistance with? Below, please describe some of the skills you would like or need to learn.

Continuing education (e.g., college classes)

Independent living (e.g., cooking, housekeeping)

Academics (e.g., reading, calculating, budgeting)

Social education (e.g., making friends, going places)

Work skills training (e.g., applications, job experiences, interview skills)

Adapted from PRO-ED, Inc.

### Work Information

*(to be completed by student with assistance from a parent or guardian)*

Has the student demonstrated success in supported or independent work experience (unpaid job tryouts) in the community or the school?  Yes  No

If yes, please list work experiences and level of support required. (Does the student require one-to-one supervision or periodic support to perform the job, or does she or he work independently?)

Job Description	Dates of Experience	Level of Support	Reason for Leaving

If no, why has he/she not participated in school or community work experience?

Has the student held a paid job in the community?  Yes  No

If yes, please list the jobs held, the dates of employment, the level of support, wages received, and the student's reason for leaving.

Job Description	Dates of Employment	Level of Support	Wages Per Hour	Reason for Leaving

Is the student currently employed in his or her neighborhood?  Yes  No

Does the student require specialized equipment, adaptations or modifications, or specific reinforces at the workplace? If so, please describe:

If the student has not been engaged in a paid employment position, why not?

### **Educational Inclusion Information**

*(to be completed by a parent or guardian)*

Has the student participated in general education classes in his or her high school years?

Yes     No

Please list the subjects for the junior and senior years:


What accommodations were used to support the student in these classes?

--

Identify learning strategies used to facilitate a positive experience.

--

Did/will you receive a high school diploma?     Yes     No

Name of certificate received:     Date Received:

### Behavior Information

*(to be completed by a parent or guardian)*

Does the student demonstrate satisfactory school attendance?  Yes  No

How often is school missed for illness?

How often is school missed for doctor appointments?

Does the student demonstrate satisfactory school behavior?  Yes  No

If no, please describe the nature of the student's behavioral challenges:

Has the student ever been suspended or expelled?  Yes  No

If yes, what was the nature of the offense?

How was the suspension or expulsion resolved?

How would this student handle the following scenarios?

A professor is absent and has left a note on the door stating that class has been cancelled.

During class, the fire alarm goes off and the building is being evacuated.

An unknown adult asks the student to come with him or her.

A college peer of the opposite gender initiates friendly conversation with this student.

The student is in the dining hall or café for lunch unsupervised.

The student has been given a schedule of times and places to be at for the day.

## Health Information

*(to be completed by a parent or guardian)*

Male                  Female                  Height                   Weight

Disability: (official diagnosis)

- Cerebral Palsy     Autism/ASD     Muscular Dystrophy     Down Syndrome     Spina Bifida  
 Multiple Sclerosis     Epilepsy     CHI (Closed head injury)

Other/ Explain

Associated problems	Normal	Impaired	Describe
Hearing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 16px;" type="text"/>
Visual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 16px;" type="text"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 16px;" type="text"/>
Time-Concept	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 16px;" type="text"/>
Perceptual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 16px;" type="text"/>

Communications: Please describe the applicant's ability to communicate with staff and other students

Does the student have seizures? Yes  No  Frequency

Medication

Describe the seizures/including length and severity

Describe chronic health problems for which you see a doctor

List any significant medical or physical condition which may affect your participation in classroom, social or recreational activities on campus

List any food or drug allergies

List routine prescription and over the counter medications (name, dose, frequency)



### Insurance Information

*(to be completed by a parent or guardian)*

Is the student covered by Medical Insurance?    Yes     No

If yes, please list the student's health insurance carrier (examples, Blue Cross, Medicare, Priority Health)

Policy Number

Contract Number

Card Holder Name

**PLEASE ATTACH A CURRENT COPY OF THE CARD TO THIS FORM.**

Additional Information

### Immunization Requirements

We believe that the campus community is best-served when every student is immunized. In compliance with recommendation from the American College Health Association, the following vaccines are required for all incoming Ready For Life Students:

- MMR (Measles, Mumps, Rubella)
- Meningococcal vaccine A, C, Y, W-135
- Serogroup B Meningococcal
- Influenza
- Tetanus, Diphtheria, Pertussis
- Tetanus booster within the last 10 years
- Varicella vaccine

Students must provide documented proof of these immunizations before entering the Ready For Life Academy program on the campuses of Hope and Calvin College.



## Application Checklist

Applicant Name \_\_\_\_\_

Application will not be considered until ALL requested information is received. The application can be typed and/or printed neatly.

Please mail application materials to **Ready for Life**  
**3250 28<sup>th</sup> Street SE, Ste 102**  
**Grand Rapids, MI 49512**

### Application Checklist

- Application fee of \$25.00 payable to Ready for Life
- Student Information
- School Information
- Family Information
- Emergency Contact Information
- Personal Statement
- Work Information
- Education Inclusion Information
- Behavior Information
- Health Information
- Insurance Information
- Immunization Record
- Official High School Academic Transcript (including disciplinary records)
- Current or most recent IEP and any postsecondary program record(s)
- Educational/Psychological/Behavioral Evaluations
- Letters of Recommendation

*Letters of Recommendation should be submitted by 2 persons who have known the applicant for one year or longer and must be included in a sealed envelope with signature across the seal.*