

Date Application Received: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**APPLICATION DEADLINE: Mid-June**

Please print or type legibly. If more space is required for responses, please attach an additional sheet.

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
First Middle Last

Is the applicant his/her own guardian?  Yes  No

If no, legal guardian's name: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
First Middle Last

Student Email Address: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Did the applicant participate in general education classes in high school? If so, list the subjects

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

What accommodations did the applicant use in high school?

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

What assistive technology has the applicant used?

\_\_\_\_\_

What are the applicant's academic strengths as a student?

\_\_\_\_\_

What are the applicant's academic weaknesses as a student?

\_\_\_\_\_

**INDEPENDENCE**

- 1. Is the applicant independent in self-care and personal health habits? Yes No
- 2. Can the applicant navigate independently with practice and strategies? Yes No
- 3. Is the applicant accustomed to following safety procedures when crossing streets and walking on sidewalks? Yes No
- 4. Does the applicant own and use a cell phone independently? Yes No

**SUPPORTS AND SERVICES**

- 1. Is the applicant currently working with one or more of the following agencies?  
United Cerebral Palsy (UCP) Marcfirst Dept of Rehab Services
- 2. Does the applicant currently receive or has received in the past 5 years:  
Speech services Yes No                      Physical Therapy Yes No  
Occupational Therapy Yes No                      Psychiatrist Services Yes No  
Counseling services Yes No                      Psychologist services Yes No  
Personal Educational Assistant Yes No                      Teacher Assistant Yes No

If yes is checked above, list the date(s) of services, name of professional and nature of the services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. How might these services impact participation in the classroom, out of classroom learning experiences and any activities on campus? \_\_\_\_\_  
\_\_\_\_\_
- 4. Has the applicant had any incidents of aggressive physical or verbal behavior? Yes No  
If yes, Please list the date and nature of the situation. \_\_\_\_\_  
\_\_\_\_\_
- 5. Does the applicant have a history of legal violation, arrest, or probation? Yes No  
If yes, list the date and nature of the situation(s). \_\_\_\_\_  
\_\_\_\_\_
- 6. How will the applicant get to and from Heartland? \_\_\_\_\_

Please rate your level of skill on each task below:

**TECHNOLOGY**

| Can the applicant:   | Not at all | Learning | Consistently | Don't know |
|--|------------|----------|--------------|------------|
| • Independently log on to a computer                           |            |          |              |            |
| • Remember or use strategies to recall passwords               |            |          |              |            |
| • Create and save a document on their own                      |            |          |              |            |
| • Use a search engine and type in keywords to find information |            |          |              |            |
| • Send and read emails   |            |          |              |            |
| • Practice cyber safety  |            |          |              |            |

**READING & WRITING**

| Can the applicant:   | Not at all | Emerging | Consistently | Don't know |
|--|------------|----------|--------------|------------|
| • Read and follow directions                                   |            |          |              |            |
| • Retell the storyline of a movie or TV show                   |            |          |              |            |
| • Independently read a story and be able to summarize          |            |          |              |            |
| • Successfully compose a paragraph that pertains to one topic  |            |          |              |            |
| • Understand maps, graphs, charts and schedules                |            |          |              |            |
| • Successfully write messages, lists, notes and complete forms |            |          |              |            |

**MATH**

| Can the applicant:   | Not at all | Emerging | Consistently | Don't know |
|--|------------|----------|--------------|------------|
| • Perform basic math operations correctly using calculator |            |          |              |            |
| • Use fractions when measuring and cooking                 |            |          |              |            |
| • Estimate cost of items and services                      |            |          |              |            |
| • Independently pay for purchases                          |            |          |              |            |

|                                     |  |  |  |  |
|-------------------------------------|--|--|--|--|
| • Understand time within a schedule |  |  |  |  |
|-------------------------------------|--|--|--|--|

**COMMUNICATION**

| Can the applicant:                            | Not at all | Emerging | Consistently | Don't know |
|---|------------|----------|--------------|------------|
| • Advocate needs                              |            |          |              |            |
| • Appropriately use technology to communicate |            |          |              |            |
| • Communicate emotions                        |            |          |              |            |
| • Demonstrate safe behaviors                  |            |          |              |            |
| • Demonstrate honesty & integrity             |            |          |              |            |

**RECOMMENDATIONS**

Two recommendations from people who have known the applicant for *six months or longer* are required. At least one reference should be an educator and another, if possible, from an employer, work supervisor, or non-relative. Please list the contact information for those completing recommendations.

1. \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Address (city, state, zip, county)

2. \_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Address (city, state, zip, county)

**STATEMENT OF AUTHENTICITY**

Name of person completing application: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
 Phone number : \_\_\_\_\_ ( home) \_\_\_\_\_ (work)  
 If not applicant, relationship to applicant: \_\_\_\_\_

*I certify that all the information in this application is true and complete to the best of my knowledge. I understand that this application does not guarantee acceptance into the HALO program.*

\_\_\_\_\_  
 Signature of applicant Date Signature of preparer Date