

APPLICATION FOR ADMISSION: ADULT PROGRAM

Rev. March, 2015

Application Date:	Which program option is your son/daughter applying for?
Application for admission to: <input type="checkbox"/> the current year: 201____ <input type="checkbox"/> September, 201____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Option A (M,W,F – Community & Home) <input type="checkbox"/> Part-time Option B (T,W,Th – Community & Work) <input type="checkbox"/> Summer Program

STUDENT INFORMATION	
Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Age:	Date of Birth (dd/mm/yyyy):
Citizenship:	Place of Birth: City: Country:
Preferred Language of communication:	Language(s) spoken at home:
Home Address:	

FAMILY INFORMATION	
Parent/Guardian 1:	
Address: <input type="checkbox"/> same as son/daughter, or:	
Occupation:	Place of Work:
Job Title:	Business Phone:
Home Phone:	Cell Phone:
Home Email:	Business Email:
Parent/Guardian 2:	
Address: <input type="checkbox"/> same as son/daughter, or:	
Occupation:	Place of Work:
Job Title:	Business Phone:
Home Phone:	Cell Phone:
Home Email:	Business Email:
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased	
Student lives with: <input type="checkbox"/> Both parents, same household <input type="checkbox"/> Both parents, different households <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Supported Independent Living	
Guardianship: <input type="checkbox"/> Self <input type="checkbox"/> Family member: _____ <input type="checkbox"/> Agency: _____	
Preferred email address for correspondence:	

PARENT QUESTIONNAIRE: STUDENT PROFILE

What is your son/daughter's diagnosis?

Please describe your son/daughter's main learning issues/areas of difficulty:

Does your son/daughter have challenges with self-regulation, anxiety, OCD etc.? Please describe:

Has your son/daughter received 1:1 support in the last 12 months in any setting (home, school, community, camp, etc.)? Please provide details.

Please describe your son/daughter's strengths, abilities, skills and talents:

At home:

At work:

In the community:

Socially:

What are your immediate (short-term) goals for your son or daughter? (i.e.: improvement in literacy, numeracy, self-management, social skills...)

What are your long-term **employment** goals for your son or daughter? What is your estimated timeline?

What are your long-term **living arrangement** goals for your son or daughter? What is your estimated timeline?

PARENT QUESTIONNAIRE: STUDENT LEARNING PROFILE *Continued*

How independent is your son/daughter with personal care (grooming, hygiene, dressing, washroom skills)?

What does your son/daughter do in his/her free time? Does your son/daughter have any hobbies or special interests? Please describe:

Describe your son/daughter's social life; friends, regular group activities, etc.

What responsibilities or chores is he/she responsible for at home?

Does your son/daughter have a fitness routine, go to the gym regularly, or play sports?

Is your son/daughter able to travel to and from places independently?

Is your son/daughter proficient in the use of a cell phone?

Does your son/daughter currently have a full or part-time job? Paid or volunteer? Supported or independent? Please specify days/hours of work.

Please list the approximate grade level that your son/daughter has successfully completed, or their current working level for each skill area:		
Subject	Grade level	Comments
Reading level		
Comprehension of written material		
Comprehension of oral information		
Writing/Output skills		
Numeracy skills		

SCHOOL HISTORY

Current School:

Current School Address:

Principal's Name: _____ School Phone Number: _____

PLEASE LIST PREVIOUS SCHOOLS ATTENDED:	School Phone Number:	Years	Grades

HEALTH PROFILE

Does your son/daughter have any physical challenges that would preclude them from participating in activities? Please describe:

Does your son/daughter have any allergies? Please describe:

ADMISSIONS PROCESS

There are six steps in our Admissions Process:

1. Initial parent meeting scheduled with the Principal and/or Program Director
2. Submit Application, Student Questionnaire, supplementary information* and the \$150 Application Fee to:
Brighton Launch Admissions
240 The Donway West,
Toronto, Ontario, M3B 2V8
3. Review of Application, Student Questionnaire and supplementary information*
4. Student assessment & interview - approximately one and a half hours
5. Program visit - usually half or full day (*may be combined with assessment and interview*)
6. Following the assessment/visit, the intake team will meet, and we will inform parents of decision as soon as possible.

* *Supplementary information includes most recent IEP; Transition Plan; Report Card; recent evaluations, assessments or reports from Psychologists, Psychiatrists, Speech and Language Pathologists, Occupational Therapists, Educational Consultants, etc.*

All information will be kept confidential. Thank you for your Application.

STUDENT QUESTIONNAIRE

Student Name:	Date:
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What kind of work would you like to do?

- Customer service (i.e.; cashier, clerk, sales associate)
- Office Work (i.e.; Accounting, administration, filing)
- Home Care & maintenance (i.e.; cleaning, minor repairs)
- Pet Care (i.e.: grooming, cleaning, walking)
- Landscaping, yard work & snow removal
- Factory or manufacturing (i.e.; assembly work, pick and pack)
- Stocking & Inventory (i.e.: grocery, retail stores)
- Other:

Where would you like to live?

- Independently, by myself
- With a friend or roommate
- At home with my parents

What do you like to do for fun in your spare time?

<p><i>With my friends:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sports <input type="checkbox"/> Camp <input type="checkbox"/> Travel <input type="checkbox"/> Movies <input type="checkbox"/> Video games <input type="checkbox"/> Cards & Games <input type="checkbox"/> Go to Parties <input type="checkbox"/> Dating <input type="checkbox"/> Other: 	<p><i>By myself:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reading <input type="checkbox"/> Computers <input type="checkbox"/> Cooking <input type="checkbox"/> Video Games/iPad <input type="checkbox"/> Models <input type="checkbox"/> Collections (stamps, coins, cards, etc.) <input type="checkbox"/> Drawing/Art <input type="checkbox"/> Other:
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<i>Print Student Name</i>	<i>Signature</i>	<i>Date</i>
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