

**GATE Student Application DUE 11/16/2007**

***Student Information***

**DATE** \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Eligibility Category \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

C-Tran ID# \_\_\_\_\_ High School \_\_\_\_\_

DDD Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

***Parent / Guardian / Emergency Information***

Mother \_\_\_\_\_ Cell \_\_\_\_\_ WK \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_ WK \_\_\_\_\_

Guardian \_\_\_\_\_ Cell \_\_\_\_\_ WK \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Is an Interpreter needed for this student's family? If yes what**

**language?** \_\_\_\_\_

***Emergency Information***

Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_ WK \_\_\_\_\_

Does the student demonstrate stabilized health conditions?

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

Medications

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

Medical Concerns/Significant Allergies

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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**Please have student answer the following 3 questions**

**1. What can I gain from the GATE program?**

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**2. What is the main focus of my education / training?**

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**3. What do you do during your free time?**

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**Directions:** Evaluate your adult age child by answering the following questions thoroughly and filling out the tables provided below.

***Work Experience***

**Prior Work Experience/Training**

Date	Place/address/phone	Hours	Type of Work	Paid/	Was Work
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		<b>Per week</b>		<b>Unpaid</b>	<b>Experience Successful "Why or Why not"</b>

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**Academics**

**Math**

Check the appropriate box to indicate the degree of competency.

<b>Your adult age child can</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Make change for one dollar				
Make change for ten dollars				
Tell time-				
• Digital				
• Analog				

**Reading**

Check the appropriate box to indicate the degree of competency.

<b>Your adult age child can read</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
The daily newspaper				
Directions on medicine bottles				
Monthly statements				
Traffic signs and symbols				
And use a telephone book				
And use a library				

**Adapt to change**

1. The program provides an opportunity to adapt to a varied schedule / partial day program with emphasis on employment and community access and limited classroom activities. Can your adult student spend part of the day unsupervised and adapt to change? Explain why or why not

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**Behavior**

1. Describe any significant behavior / mental health issues.

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2. Does your adult age child demonstrate appropriate behaviors in the community? (If no, list areas of concern)

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3. Does your adult age child demonstrate appropriate behaviors at school and home? (If no, list areas of concern)

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**Community Access**

1. Does your adult age child travel in the community and participate in community activities without parental or staff supervision? How many times a week?

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2. What potential do you feel your adult age child has to expand this skill?

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3. Is your adult age child able to spend part of the day unsupervised in the community? *Give examples*

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**Communication**

1. Does your adult age child demonstrate ability to use independent communication skills / Assistive devices? (If no, list areas of concern)

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Check the appropriate box to indicate the degree of competency.

<b>Your adult age student can</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Dial a long-distance number				
Call collect				
Readily find emergency numbers				
Converse well in private conversations				
Interact in small group settings				

**Life Skills**

1. What assistance does your adult age child need to transition to adult life?

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2. Does your adult age child demonstrate basic time management skills? (If no, list areas of concern) *Give examples*

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### **Prepare Cooked Meals**

Check the appropriate box to indicate the degree of competency.

<b>Your adult age child can</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Recognize basic food groups				
Prepare a simple meal				
Recognize common measurements and compare them such as:				
• Teaspoon				
• Tablespoon				
• Cup				
• Pint				
• Quart				
• Gallon				

### **Appliances**

Check the appropriate box to indicate the degree of competency.

<b>Your adult age child can operate</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
A toaster				
A stove				
A vacuum				
A dishwasher				
A clothes washer				
A clothes dryer				
A garbage disposal				
An electric mixer				
An oven				

### **Home Maintenance**

Check the appropriate box to indicate the degree of competency.

<b>Your adult age child can</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Check the safety of an extension cord				
Mow the yard				
Store tools				
Use insecticides safely				
Store appropriate food in a refrigerator				
Clean the house: dust, vacuum, mop				
Cleans bathroom				
Make a bed				
Tell which cleaning fluids are best for what jobs				
Contact the landlord or a professional for more serious problems				

## **Employment**

1. Describe the primary employment goal for your adult age child.

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Check the appropriate box to indicate the degree of competency.

<b>Your adult age child knows how to</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Apply for employment				
Fill out an application form				
Mail packages				
Use a credit card				
Pay monthly bills				
Balance a checkbook				
Open a checking account				
Keep a bank account				
Open a savings account				

**Health**

1. Describe any specific unstabilized health issue.

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Check the appropriate box to indicate the degree of competency.

<b>Your adult age child can</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Clean a cut				
Apply simple bandages				
Recognize symptoms of colds				
Recognize the cause of certain pains				
Treat a minor burn				
Decide when to go to the doctor				
Administer simple medication				
Identify infections				
Use a thermometer				
Carry out a proper program of physical exercise				

**Interest**

1. What would be your expectations of your adult age child in this program?

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**Self-care Management**

1. Does your adult age child demonstrate independent self-care management throughout the school day? (If no, list areas of concern)

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2. Does this self-care ability continue in the community?

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**Personal Grooming**

Check the appropriate box to indicate the degree of competency.

<b>Your adult age child</b>	<b>No</b>	<b>Some</b>	<b>Usually</b>	<b>Always</b>
Independently bathes and washes hair,				
Independently brush teeth				
Independently deodorant				
Independently purchases toiletries: (eg. razor blades, deodorant, toothpaste, shampoo, etc.)				
Has neat, well-groomed appearance				
Wears clean clothing				
Cleans and trims fingernails				

**Transportation**

1. Describe how your adult age child travels independently in the community.

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2. List training / experience and amount of support needed:

Training (locations)	Support

**Geography**

Check the appropriate box to indicate the degree of competency.

Your adult age child can	No	Some	Usually	Always
Navigate to most areas in your area				
Name surrounding towns and cities				
Use a road map				
Tell you in which county they live				
Read road signs				
Ask help with directions				
Use public transit system				

**Miscellaneous**

1. Any additional information that you think needs to be shared.

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Student Signature and Date

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Parent or Guardian Signature and Date