



*The L.I.V.E.S. Program<sup>SM</sup>*  
(Learning Independence Vocational and Education Skills)

Parent Portion of the Application

Please return by mail on or after April 15  
Elizabeth W. Hall, Ph.D., PRSE  
SUNY-Geneseo  
The *L.I.V.E.S. Program<sup>SM</sup>*  
1 College Circle  
220B South Hall  
Geneseo, NY 14454

The *L.I.V.E.S. Program<sup>SM</sup>* is collaborative program funded by Hilltop Industries, Finger Lakes DDSO, and SUNY-Geneseo. Enrollment is limited.

# The L.I.V.E.S. Program<sup>SM</sup> Application Form

## Parent Portion

This portion of the application should be completed by the applicant's parent(s) or guardian(s). All questions must be answered completely for the application to be accepted. Once completed, please return this application

to:

Elizabeth W. Hall, Ph.D., PRSE  
the L.I.V.E.S. Program<sup>SM</sup>  
SUNY- Geneseo  
1 College Circle  
220B South Hall  
Geneseo, NY 14454

Applications are due on or by

April 15

for Fall admission

### Personal Information

(to be compiled by the applicant and parent/guardian)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Social Security  
No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Parent(s)  
or Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ Mother's E-Mail Address: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's E-Mail Address: \_\_\_\_\_

Home School: \_\_\_\_\_ Home School Phone/Extension: \_\_\_\_\_

Referring Teacher: \_\_\_\_\_

Is Receiving Services From:

- |  |   |
|--|---|
| <input type="checkbox"/> Supplemental Security Income              | <input type="checkbox"/> Social Security Disability Insurance |
| <input type="checkbox"/> Developmental Disabilities Administration | <input type="checkbox"/> Vocational Rehabilitation            |
| <input type="checkbox"/> Medical Assistance                        |   |

## School Information

List the names of schools and years of attendance.

**Names of Schools**

**Years of Attendance**

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Anticipated Exit

Date: \_\_\_\_\_

## Personal Statement

*(This portion of the application should be completed with the student.)*

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 kinds of jobs are you interested in after you leave school?

What do you do in your free time?

What is your favorite hobby or sport?

What is your favorite musical group or who is your favorite singer?

Do you spend time with friends outside of school?  **Yes**  **No**  
If yes, what do you like to do with your friends?

What types of things do you need assistance with?

**Below, please describe some of the skills you would like your child to learn.**

Continuing education (e.g., community college classes)

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

Functional academics (e.g., reading, calculating, budgeting)

Social/recreational/leisure (e.g., making friends, going places)

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

### Work Information

*(to be completed in conjunction with the transition specialist or work coordinator)*

Has your child demonstrated success in at least four semesters of 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 your child 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 hasn't your child participated in four semesters of work experience?

Has your 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 your child's reason for leaving.

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

Is your child currently employed in his or her neighborhood?

Yes

No

Does your child require specialized equipment, adaptations or modifications, or specific reinforcers at the workplace? If so, please describe:

If your child has not been engaged in a paid employment position, why not?

**Inclusion Information**

*(to be completed in conjunction with the referring teacher)*

Has your child participated in general education classes in his or her home school this year?

Yes  No

If yes, please list the subjects and teachers:

Subject(s)	Teacher(s)

What accommodations were used to support your child in these classes?

Identify learning strategies used to facilitate a positive experience.

Does your child demonstrate satisfactory school attendance as defined by the board of education?

Yes  No

If no, please explain:

Does your child demonstrate satisfactory school behavior?  Yes  No

If no, please describe the nature of your child's behavioral misconduct and attach incident reports:

Has your child 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 your child handle the following scenarios?**

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

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

An unknown adult asks you child to come with him or her.

**What else would you like to share with us about your child?**