

Adair County SB40 Developmental Disability Board L.I.F.E. Youth Program Application

Please complete and return to the Adair County SB40 Community Learning Center no later than **Friday, June 14, 2024**. Space is limited and completion of this application does not guarantee admission into the L.I.F.E. Youth Program.

Individual's Full Name:											
	Last	First				Nie	ckname				
Parent/Guardian's Nam	ne: <i>Last</i>	Firs	t								
Address:											
Address:Street A	Address Apartment/Unit #	ŧ	City		State Zi	p	County	1			
Day Phone(s): () _	Cell F	Phone(s):	()		Wor	k Phone(s): () _				
Email Address:											
rth Date: Grade Level 2024-2025			25 Year:		School:						
Name of person compl	eting this form:										
Please list all disabilitie	es, serious illness, or lin	nitations:									
Allergies:											
Are there any dates tha	at the student would NO	OT be able	e to atter	nd?	Yes No						
If yes, please list date(s											
, ,	o,p -,	, , , ,									
The following information	on will help in supportir	ng your st	udent wh	nile at th	e L.I.F.E. You	th Progran	n:				
Does the student use a wheelchair?		Yes	No	Is the wheel	lchair - M	1anual	Elec	tric			
If the student u	ıses a wheelchair, how	often do	they nee	d a brea	ak from their cl	hair?					
If the student uses a wl	heelchair, what type of	support is	s needed	to trans	sfer? Walke	r Some	physical	To	tal phy	sical	
Does the student need			Yes		Cane(s) V						
loes the student have hearing problems?		Yes	No	Wears hear		Yes	No				
Ooes the student have limitations with speech?			Yes	No	Uses sign la	Ū	Yes	No			
·			Yes		Will it be use				Voc	No	
Ooes the student use a communication device?				No		J			162	No	
Does the student follow directions well?			Yes	No	Needs verb			No			
Does the student need	help to use the restroc	m?	Yes	No	Wears Atter	nds during	the day?	Yes	No		
Does the student need	support while eating?	None	Some	Total	Cutting up f	ood?	Yes	No			
Does the student wear	glasses?		Yes	No	Contacts?		Yes	No			

Does the student require behavioral support? Yes No (If yes, please explain in detail at the bottom of this page or on a separate sheet.)
Does the student use other special, adaptive equipment? Yes No
If yes, please describe:
Does the student have any limitations due to sun and/or heat? Yes No
If yes, please describe:
Will the student need to take medication during the Camp? Yes No
What is the average length of the student's attention span?
How does this student learn best (i.e. listening, watching, side-by-side, etc.)?
What skills/interests/jobs would this student like to try and/or build upon during the L.I.F.E. Youth Program?
What are this student's favorite hobbies, interests, or activities?
Other comments/information that may be helpful to know about this student: