**Longwood University Longwood LIFE Program 201 High Street**

**Farmville VA, 23909**

**Phone: (434) 395-2837**

Longwood LIFE Program

Application for Admission for the Fall 2025

Application for Fall Admission

The Longwood LIFE Program application process begins with the submission of this application and supporting documents, two recommendations, and the **most recent copy of the applicant’s IEP**. Once the completed application has been submitted and reviewed, chosen applicants will be contacted for a personal interview in May with the Longwood LIFE Committee. In addition to or in lieu of the personal interview, we encourage prospective students to shadow the program with a family member for a day during the regular semester. Offers will be extended in the following weeks for the semester in which the applicant is applying. Tuition cost will be $1250 for each semester. There will be an option to make two payments of $625 if the full $1000 cannot be paid all at once.

**Fall Admission**

Please submit applications and supporting documents by May 1, 2025. Personal interviews will take place in mid-May, provided a prior visit to campus has not be accessible.

**Longwood LIFE Program**

**\*\*\*We strongly encourage student and caregivers to fill out application together.\*\*\* STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** | **First Name:** | **MI:** | **Phone:** |
| **Address:** |  | **Social Security Number:** |
| **City:** | **State:** | **Zip:** | **Date of Birth:** |
| **Email address:** |  |  | **Cell phone:** |
| **High School Name: Type of Diploma: Graduation Date:** |

**US Citizen:**

**Yes No**

# FAMILY/GUARDIAN INFORMATION

**Parent/Guardian:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | **MI:** | **Phone:** |  |
| **Address:** | **City:** | **State:** | **Zip:** |
| **Occupation/ Employer:** |  | **Work Phone:** |  |
| **Employer Name and Address:** |  |  |  |
| **Email address:** |  | **Cell Phone:** |  |
| **Highest Level of Education:** |  | **Date of Birth:** |  |

**Parent/Guardian:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name:** | **First Name:** | **MI:** | **Phone:** |  |
| **Address:** | **City:** | **State:** | **Zip:** |
| **Occupation/ Employer:** |  | **Work Phone:** |  |
| **Employer Name and Address:** |  |  |  |
| **Email address:** |  | **Cell phone:** |  |
| **Highest Level of Education:** |  | **Date of Birth:** |  |

**Individual(s) listed above has legal guardianship of applicant?**

**Yes No**

**Please note which parent/guardian who should be designated as first point of contact:**

**If parent/guardians are divorced or separated or not living with applicant, please state any legal terms the program should know:**

**Is the applicant his or her own guardian?**

**Who has power of attorney over applicant? Please explain.**

**Please list out any person(s) with permission to pick student up as well as their relation to student.**

# FAMILY HISTORY

**Please describe who the applicant currently lives with and their relationships to the individual.**

**Please list siblings and their ages.**

**Please detail any significant information that will impact the applicant’s family support.**

**MEDICAL/DISABILITY HISTORY - Part A**

* **List the primary diagnosis:**
* **List any secondary diagnosis:**
* **List any conditions that may impact the applicant’s ability to function in the classroom, campus and/or residential housing environment:**
* **Please list current medications and indicate what the medications are taken for:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Name** | **Dosage** | **Frequency** | **Reason for Medication** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

***NOTE: Applicant must be independent in administering his/her medications.***

* **Please list any allergies and necessary medications or reaction procedures**

|  |  |
| --- | --- |
| **Allergy** | **Medication/Procedure** |
|  |  |
|  |  |
|  |  |

* **Please list any food sensitivities that would impact a cooking class or the preparation of meals:**

|  |  |
| --- | --- |
| **Food Sensitivity** | **Medication/Procedure** |
|  |  |
|  |  |

**Does the applicant have any problems with incontinence?**

**Is applicant independent in mobility (walk or use wheelchair)?**

**Yes No**

**Yes No**

# WHAT IS THE SUPPORT HISTORY?

**Question 1**

1. **Does the applicant have an application with their Department of Rehabilitation Services? (Yes/No) When?**
2. **Has student accessed other services in the last four years? (ie, vocational rehabilitation, speech-language, occupational therapy)**
3. **Has the applicant had professional support in their home environment? If so, what type of support?**
4. **What was the level of support the applicant had in their last educational environment?**
5. **One to one? (Yes/No) How long?**
6. **Self-Contained Setting? (Yes/No) How long?**
7. **Inclusive Setting? (Yes/No) How long?**
8. **General Education Environment? (Yes/No) How long?**
9. **Please provide any other detailed information regarding the applicant’s personal and educational supports:**
10. **Please provide a copy of the student’s most recent Individualized Education Plan and/or Post-secondary Transition Plan with the IEP release form.**

# WHAT IS THE STUDENT’S EDUCATIONAL HISTORY?

**Question 2**

Please list any education experiences that will give a picture of how the applicant learns best.

* Where in school was the applicant most successful?
* List any other postsecondary educational experiences.
* Does applicant currently receive private therapeutic services, such as behavioral therapy, or psychiatry? If so, please indicate which services and attach a copy of the current report as indicated on the front of the application. If you need more space, please attach an additional page.

# WHAT ARE THIS STUDENT’S NEEDS?

**Question 3**

Describe the areas of need using the categories of Medical, Finding Locations, Emotional, Organizational, and Hygiene. Please describe in detail any previously used supports, accommodations, and/or behavior/management plan. List any types of assistive technology utilized. If you need more space, please attach an additional page.

# STUDENT PARTICIPATION GOAL

**Question 4**

As a caretaker, guardian, or parent what do you hope your student will gain from participation in this program?

# THE APPLICANT SHOULD RESPOND TO THE FOLLOWING QUESTIONS:

**WHO AM I?**

**Question 1**

Please describe yourself in detail. What are 5 descriptive words that come to mind? If you need more space, please attach an additional page.

# WHAT ARE YOUR LONG-TERM GOALS?

**Question 2**

* What are your long-term goals upon completion of the Longwood LIFE Program? What makes you interested in college?
* What are your employment goals after completion in program? What is your desired employment status?
* What are your goals for the future in consideration of living arrangements? If you need more space, please attach an additional page.

# WHAT WOULD AN IDEAL DAY BE LIKE FOR YOU?

**Question 3**

What would an ideal day be like for you? Please include all current recreational activities that would be meaningful and enjoyable for you. What are some activities and future recreational goals for you? If you need more space, please attach an additional page.

# EMPLOYMENT HISTORY-ONLY IF APPLICABLE\*\*\*

**Part B**

Please complete the following **IF** the applicant has any prior work/vocational experience. Begin with current or most recent experience. Provide a resume, if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Business/Company** | **Paid or Unpaid?** | **Reason for Leaving** | **Amount of time at Job** |
|  |  |  |  |
| **Please list job responsibilities:** |
| **List any support services provided:** |

|  |
| --- |
|  |
| **Name of Business/Company** | **Paid or Unpaid?** | **Reason for Leaving** | **Amount of time at Job** |
|  |  |  |  |
| **Please list job responsibilities:** |
| **List any support services provided:** |
| **Name of Business/Company** | **Paid or Unpaid?** | **Reason for Leaving** | **Amount of time at Job** |
|  |  |  |  |
| **Please list job responsibilities:** |
| **List any support services provided:** |

# SUPPORT INVENTORY

**Part C**

**Note: This section may be filled out by only parent, teacher, or caretaker.**

**Please rate the applicant’s ability in the following areas:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Independent Living Skills** | **Needs****complete assistance** | **Needs****much assistance** | **Needs****little assistance** | **Completely independent** |
| **Finding way around new environment** |  |  |  |  |  |  |  |  |
| **Following a schedule** |  |  |  |  |  |  |  |  |
| **Managing personal belongings** |  |  |  |  |  |  |  |  |
| **Preparing simple meals** |  |  |  |  |  |  |  |  |
| **Ordering and purchasing from a restaurant** |  |  |  |  |  |  |  |  |
| **Finding items in a store** |  |  |  |  |  |  |  |  |
| **Taking public transportation** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Skills and Communication** | **Needs complete****assistance** | **Needs much****assistance** | **Needs little****assistance** | **Completely independent** |
| **Communicating needs appropriately** |  |  |  |  |  |  |  |  |
| **Asking for help** |  |  |  |  |  |  |  |  |
| **Dealing with conflict** |  |  |  |  |  |  |  |  |
| **Distinguishing between friends & strangers** |  |  |  |  |  |  |  |  |
| **Interacting appropriately with peers** |  |  |  |  |  |  |  |  |
| **Respecting authority figures** |  |  |  |  |  |  |  |  |
| **Using cell phone** |  |  |  |  |  |  |  |  |
| **Verbalizing and/or writing personal****information (name, address, phone, etc.)** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Skills** | **Needs****complete assistance** | **Needs****much assistance** | **Needs****little assistance** | **Completely independent** |
| **Identifying value of coins/bills** |  |  |  |  |  |  |  |  |
| **Counting change/bills** |  |  |  |  |  |  |  |  |
| **Using a calculator** |  |  |  |  |  |  |  |  |
| **Managing a checking account** |  |  |  |  |  |  |  |  |
| **Staying within a budget** |  |  |  |  |  |  |  |  |
| **Using a computer for word processing** |  |  |  |  |  |  |  |  |
| **Navigating the Internet** |  |  |  |  |  |  |  |  |
| **Using email** |  |  |  |  |  |  |  |  |
| **Following verbal directions** |  |  |  |  |  |  |  |  |
| **Following written directions** |  |  |  |  |

**Reading and writing skills: (check highest level) Writing:**

**no functional writing writes name writes/copies all letters**

**writes complete words writes short sentences correctly uses punctuation drafts, revises, edits**

**Reading:**

**no functional reading identifies letters recognizes familiar words/names applies reading strategies (sentence structure, meaning, phonetic clues)**

**reads chapter books reads books silently**

**Listening comprehension: retells a simple story**

**can retell the beginning, middle, and end of stories**

**able to retell settings, characters, problems, major events and solutions of stories**

# RECOMMENDATION AND RELEASES

**Part D**

**The following people will be submitting letters of recommendation for the applicant:**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Address and Phone:** |
|  |
| **Name:** | **Relationship:** |
| **Address and Phone:** |  |

Graff Parent Readiness Scale (GPRS) Completed by:

This scale helps determine the families’ readiness for the student with an intellectual and/or developmental disability to attend a postsecondary program. Please circle the family/guardian’s response.

1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the university. Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I expect one-one support all day.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I worry about my student talking to other students unsupervised. Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I worry about my student crossing the street.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I need to know the homework assignment for each class. Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I need to know the calendar of activities offered to my student. Strongly Agree 1 2 3 4 5 Strongly Disagree
3. I would like to speak with my student’s support staff.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I would like to attend classes to see my student interact with others. Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I trust my student’s judgment.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I trust my student’s ability to handle small sums of money. Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I know my student, with support, will develop friendships. Strongly Agree 1 2 3 4 5 Strongly Disagree
3. I know my student, with support, will try new opportunities. Strongly Agree 1 2 3 4 5 Strongly Disagree
4. My student has the ability to handle frustration.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. My student has the ability to seek assistance.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. Often, I am in contact with my student more than 3 times a day. Strongly Agree 1 2 3 4 5 Strongly Disagree
2. Often, I am telling my student what to do and say.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I check up on my student.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I check to see if my student has the correct facts.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I believe, I know what is best for my student.

Strongly Agree 1 2 3 4 5 Strongly Disagree

1. I feel that my student knows what is best for him/herself. Strongly Agree 1 2 3 4 5 Strongly Disagree

 LONGWOOD UNIVERSITY

*Office of Marketing and Communications*

**PHOTO & VIDEO RELEASE**

I hereby authorize Longwood University and those acting pursuant to its authority to photograph, video tape, or use any other electronic method of recording my likeness and/or voice to be used at the University’s discretion in University-related print publications and/or other media formats including but not limited to broadcast, videotape, CDROM, and electronic/online media.

I hereby give the University the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage of me in which I may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos and/or web sites where my image appears. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I waive any right to compensation for my appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

I have read and fully understand the terms of this release.

**(If you are under 18 years of age, a parent or guardian must sign.)**

Signature

Printed Name

Minor’s Name (if applicable)

Address

City/State/Zip

Date

CONTACT:

Marketing and Communications 434.395.2020