The SUCCEED Program
2020 Admissions Application
The completed application, all required documents, and a non-refundable application fee of $150 must be postmarked or delivered by April 6th, 2020 by 4:00 pm
Send to: The SUCCEED Program, 113 Lucas Hall, 1 University Blvd., St. Louis, MO 63121-4400

☐ SUCCEED Application
☐ Resume (if applicable)
☐ DAY-IN-THE-LIFE Form (parent/guardian)
☐ 4 Reference (personal /educational /vocational/clinical)
☐ Copy of Educational/Medical/Psychological Diagnosis of Disability
☐ Copy of most recent full transition Individualized Education Plan (IEP) with Transition Plan, Individualized Service Plan (ISP), Person Centered Plan (PCP) OR any combination thereof
☐ Copy of Functional Behavior Assessments (FBA) and/or Behavior Intervention Plans (BIP) for the past 5 years (if one was developed for applicant)
☐ Copy of High School transcript
☐ Copy of College transcript
☐ Copies of results from Career Assessments, Transition Assessments, Summary of Performance, if applicable
☐ UMSL Non-Degree Seeking Application
☐ Completed and signed SUCCEED Application Checklist
☐ $150 non-refundable application fee paid by check or money order submitted with documents
☐ Guardianship/POA Documentation
Application Overview

The SUCCEED application process is designed to get a comprehensive picture of the applicant's goals and support needs – and how those align with The SUCCEED Program structures & supports. Our goal is to select prospective students who will participate fully and successfully in the program, to achieve their highest desired level of independence and skills in the areas of vocation, social, educational, and independent living. Therefore, we ask that applicants and their parents/guardians complete the application materials honestly and candidly.

Misrepresentation of goals and support needs will risk the likelihood of success in the program. This application should be completed by applicants and their parents/guardians collaboratively; applicants must complete all sections in this document that specifically request a student response.

*Failure to fully and accurately disclose the following information may be grounds for dismissal from the program without reimbursement.

Student Personal Data

Student Name: ____________________________________________________________
Mailing Address: __________________________________________________________
Home Phone: ___________________________ Student Cell Phone: ________________
Student E-mail Address: ____________________________________________________
Date of Birth*: _______________________________
Gender: __________________________________________
What language(s) do you speak? __________________________
What is your estimated reading level? __________________________

Parent/Guardian Name: ____________________________________________________
Parent/Guardian Email: ____________________________________________________
Parent/Guardian Address (if different from applicant) __________________________
Parent/Guardian Home Phone: ________________ Work Phone: ________________
Parent/Guardian Cell Phone: ______________________
What is your primary language ______________________
Is applicant their own guardian? (must attach documentation) __________________
Parent/Applicant Information:

1. If accepted, a Consent to Exchange Information form must be signed to share relevant information with participating agencies and businesses.

2. Equal Opportunity: Acceptance will be made without regard to race, color, religion, national origin, age, gender, political affiliation, veterans’ status, sexual orientation, or ability.

Applicant Signature: ____________________________________________________ Date:__________
Parent/Guardian Signature:_________________________________________________ Date:__________

*The student’s information is confidential and protected by the University from being disclosed to unauthorized parties.

SUCCEED Application Memorandum of Understanding:

Through submission of this application:

- I understand that I and my parents/guardians’ presence may be requested for a program interview.
- I understand that I and my parents/guardians’ presence may be requested for a second follow-up interview.
- I understand if admitted to the program I and my parents/guardians will be expected to attend SUCCEED summer planning events and workshops in order to help my transition into the program.
- I understand if admitted to the program, SUCCEED will take no responsibility for medication maintenance and compliancy.
- I understand if admitted to the program, SUCCEED will evaluate progress and set transitional benchmarks throughout the program. If a student is not progressing and transitioning as expected, the student could be removed from the program.
- I understand if admitted to the program, I will be expected to follow the UMSL Code of Conduct and Title IX regulations. If I violate this code of conduct I could be removed from the university.
- I understand if admitted to the program, I will be expected to meet SUCCEED academic progress. If not, I could be placed on Academic Recovery/Academic Probation and eventually removed from the program.

Applicant Signature: ___________________________________ Date:__________
Parent/Guardian Signature: ___________________________________ Date:__________
**Education Experience:** (Must attach a copy of your high school and college transcripts.)

- What year will you or did you graduate from high school? ____________________________
- What type of diploma/certificate will you or did you earn? ____________________________
- How did you learn about the SUCCEED program at the University of Missouri- St. Louis?
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

Have you attended college or a training program before? Yes ☐ No ☐

- If yes, where? ____________________________
- How long? ____________________________
- Did you complete the program/training? Yes ☐ No ☐

**Employment/Work Experience:**

(Attach a resume or any support documentation if applicable)

- Do you currently have secured paid/volunteer employment that you wish to continue during the SUCCEED program, in addition to taking classes? Yes ☐ No ☐
  - If yes, where? ________________________________________________________________
  - How many days/hours? ________________________________________________________

Describe two of your most recent job, work, or volunteer experiences at school or in the community.

<table>
<thead>
<tr>
<th>Job Site</th>
<th>Job Duties</th>
<th>Dates</th>
<th>Hours/Week</th>
<th>Was This a Paid Position?</th>
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<tbody>
<tr>
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<td>☐ Yes</td>
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<td>☐ No</td>
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</tbody>
</table>
(Employment/work experience cont.)
If no longer employed or volunteering, why did you leave?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Service Agencies:

PLEASE NOTE: This information may be used to assist the admissions team in supporting aspects of transition throughout the program.

Are you currently receiving services or support from?

Department of Mental Health ☐Yes ☐No
Regional Case Manager ☐Yes ☐No
Please list name/number: ____________________________________

Department of Vocational Rehabilitation (Check all that apply) ☐Yes ☐No
Educational Services ☐
Vocational Services ☐

Service Providers/Community Agencies ☐Yes ☐No
Please list: _____________________________________________

Mental Health Support Services ☐Yes ☐No
Please list: _____________________________________________

Do you have a Medicaid Waiver? ☐Yes ☐No
Do you receive benefits from Social Security Administration? ☐Yes ☐No
If yes, please describe: ____________________________________

Health:

Applicant’s documented intellectual and/or developmental disabilities – please check all that apply:
☐Intellectual Disability ☐Learning disability
☐Autism Spectrum Disorder ☐Traumatic Brain Injury
☐Epilepsy ☐Cerebral Palsy
☐Down Syndrome ☐Fetal Alcohol Syndrome
☐Other:_________________
Mental Health Supports applicant has accessed in the last 10 years for any of the following – please check all that apply:

- [ ] Anxiety Disorder(s)
- [ ] Psychotic Disorder
- [ ] Depression
- [ ] Personality Disorder
- [ ] Bipolar Disorder
- [ ] Schizophrenia
- [ ] Obsessive-Compulsive Disorder
- [ ] PTSD
- [ ] Other (define): ________________________________

List all medications that you currently take (prescription and over the counter):

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose</th>
<th>Times per day / Time of day</th>
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</table>

Please describe your process (or daily routine) of taking your medications, including what supports (people or technology) you benefit from having:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
List any other support needs or any barriers/concerns that you feel may affect your participation in The SUCCEED Program at UMSL.

<table>
<thead>
<tr>
<th>Support Need / Concern / Barrier</th>
<th>How may it affect your participation?</th>
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**Other Support Summary:**

*Please attach DAY-IN-THE-LIFE forms for both student and parent/guardian. This information will help the Admissions team understand your current daily life routines and the types of support needed throughout the day.*

*Please attach relevant Functional Behavior Assessments and/or Behavior Intervention Plans for the past 5 years*

Please share what accommodations and/or modifications, including positive behavioral strategies, you need to be successful in the following environments?

Independent Living: _________________________________________________
____________________________________________________________________

Social: __________________________________________________________
____________________________________________________________________

Academic: ________________________________________________________
____________________________________________________________________

Vocational: ________________________________________________________
____________________________________________________________________

Positive Behavioral Strategies: ______________________________________
____________________________________________________________________

Other Accommodations and/or modifications: __________________________
____________________________________________________________________
**Applicant Essay Questions**

PLEASE NOTE: Complete in your own words with or without a person assisting you to write your responses. Please type responses, and attach to this application.

*Alternative and creative formats to answer these questions will be accepted (video, PowerPoint, etc.), but should not exceed 5 minutes.*

1) Why do you want to be a student in SUCCEED at the University of Missouri – St. Louis?
2) Describe your disability and support needs in your own words:

**References:**

*Please attach reference forms for each person listed below to your application. Please have these references mail forms directly to The SUCCEED Program offices. Do not turn in with your application.*

Mail to:
The SUCCEED Program
113 Lucas Hall
One University Blvd.
St Louis MO, 63121

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Reference</th>
<th>Phone Number</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>1.</td>
<td>Personal Reference (not a family member)</td>
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<tr>
<td>2.</td>
<td>Educational Reference</td>
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<tr>
<td>3.</td>
<td>Vocational</td>
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<td>4.</td>
<td>Clinical</td>
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**The person assisting the student to complete this application is (if applicable):**

Name: ____________________________________________

Relationship: ____________________________________

Phone Number: ____________________________________

Signature: ________________________________________ Date: __________
DAY-IN-THE-LIFE FORM (Student)

Student Name: 

This document serves as an assessment to give insight into what an average day in your life is like. Please include general times at which each of the activities occur; the help needed to successfully perform the activities; and any additional notes that you think would be helpful.

PLEASE NOTE: Activities are the motions your child goes through during the day (getting dressed, preparing and eating food, transportation to school or work, etc.).

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Who assists you with this activity?</th>
<th>What tools, technology, or other supports help you? (e.g., sensory supports?)</th>
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<td>Early Morning</td>
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<td>Early Evening</td>
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<td>Evening</td>
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<tr>
<td>Night</td>
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<tr>
<td>When I get frustrated.</td>
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</tbody>
</table>
Student Name: __________________________________________

This document serves as an assessment to give insight into what an average day in your child’s life is like. Please include general times at which each of the activities occur; the help needed to successfully perform the activities; and any additional notes that you think would be helpful.

PLEASE NOTE: Activities are the motions your child goes through during the day (getting dressed, preparing and eating food, transportation to school or work, etc.).

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<th>Activity</th>
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<th>What tools, technology, or other supports help your child? (e.g., sensory supports?)</th>
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<td>Early Morning</td>
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</table>

When my student gets frustrated.
SUCCEED Program
Admissions Application

Reference Form – Personal (not family member)

_________________________ (student name) has applied for admission to SUCCEED at the University of Missouri – St. Louis. SUCCEED promotes a supported education model that provides individualized supports to students with intellectual and developmental disabilities seeking postsecondary education to enhance their skills for independent living and employment. SUCCEED will include:

- Specialized core classes that emphasize life and social skills, independent living, academic enrichment and career development
- Career counseling and field placements to help students focus on employment that matches their skills and interests
- On-campus living in a residence hall supported by specially trained Resident Assistants and Peer Advisors
- Full integration into residential, social and community life

The curriculum, learning activities, and internships are structured around social interaction, personal development, independent living skills, preparation for employment and/or preparation for a degree-seeking program. Each student will complete four semesters of course work and vocational internships earning a SUCCEED certificate. Please answer the following questions to the best of your ability (you may use additional space if needed) and return the form to the SUCCEED Program offices. Letters of recommendation will also be accepted. For more information about the SUCCEED program, please refer to the website www.umslsucceed.com.

Return this form to:
The SUCCEED Program
113 Lucas Hall
One University Blvd
St Louis MO, 63121

Name: ___________________________ Relationship to applicant: ___________________________
Address:______________________________________________________________

______________________________________________________________
Email: ___________________________ Phone: ___________________________

How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from SUCCEED at UMSL?

Describe the strengths that the applicant has that will make him/her a strong candidate for the SUCCEED certificate program. Think in terms of character qualities such as compassion, creativity, and dependability as well as personal skills such as communication, ability to work as a team, and initiative.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

What challenges do you anticipate for this applicant’s successful integration into university life?
Reference Form – Educational

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Name: __________________________ Relationship to applicant: ________________________________
Address:__________________________________________________________________________

___________________________________________________________________________________
Email:_____________________________ Phone:_________________________________________

Page 16 of 21
How long have you known the applicant and in what capacity?

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Reference Form – Professional

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St Louis MO, 63121

Name: _______________________ Relationship to applicant: _______________________
Address: ________________________

Email: ___________________________ Phone: ________________________________
How long have you known the applicant and in what capacity?

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Name: ___________________________ Relationship to applicant: ____________________________
Address: __________________________

Email: ___________________________ Phone: ___________________________


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In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

What challenges do you anticipate for this applicant’s successful integration into university life?
★ What is SUCCEED?
SUCCEED is a two year post-secondary program at UMSL for students with intellectual and developmental disabilities. While enrolled in SUCCEED, students live in Oak Hall, participate in campus activities, complete vocational training and vocational experiences, enroll in UMSL credit courses, and complete noncredit curriculum that focuses on independent living, self-advocacy, self-determination, and social skill development.

★ What is the SUCCEED Summer Enrichment Camp?
The SUCCEED Summer Enrichment Camp provides students ages 17 to 22 the SUCCEED college experience. Students will stay overnight in Oak Hall, utilize a meal plan on campus, take various academic workshops, complete vocational training, and engage in recreational and traditional camp activities on campus.

★ What are the qualifications to participate in the SUCCEED Summer Enrichment Camp?
- Student must be between the ages of 17-22
- Student must be able to manage medication independently
- Student must be able to navigate basic hygiene and self-care independently
- Student must be able to function successfully with a 3 to 1 staff to student ratio
- Student must provide diagnosis of intellectual or developmental disability

★ Important Information:
- If you turn application for Summer Camp in with Succeed Program Application.
  - If you are selected for a Succeed Program interview that will count as your camp interview as well.
  - Summer Enrichment Camp dates will be during the first or second week of June
  - The Cost for the Succeed Summer Enrichment Camp will be $600
Student Information:

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<th>Gender</th>
<th>Date of Birth</th>
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<tr>
<th>City</th>
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<th>Email Address</th>
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Parent/Guardian Information:

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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Phone (Cell)</th>
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<th>Email Address</th>
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Emergency Contacts:
Provide 1 additional emergency contact in addition to the above parent/guardian whom shall be notified in case of an emergency.

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<tr>
<th>First Name</th>
<th>Last Name</th>
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<tr>
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Relationship to student: ________________________________________________

If accepted, method of payment will be:
☐ Summer Camp Voucher ☐ Check ☐ Money Order ☐ Credit card/Debit Card

There are limited scholarships available for students in financial need that do not have access to a Summer Camp Voucher. Please check box, if you believe you fall into this category and would like to be considered for scholarship opportunities. ☐
Medical Insurance:
A copy of the student’s current insurance card should be attached and will remain on file for use if emergency medical care is needed.

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Policy Holder</th>
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</tr>
<tr>
<td>Policy #</td>
<td>Group #</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
</tr>
<tr>
<td>Preferred Hospital</td>
<td></td>
</tr>
</tbody>
</table>

Privacy Statement:
The SUCCEED Summer Enrichment Camp will not disclose personal information to any other entity except when necessary to ensure that proper and appropriate medical treatment is provided in the event that the student must be treated on site or transported to a medical facility or emergency room. No information will be disseminated to any outside agency.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian, if applicable</td>
<td>Date</td>
</tr>
</tbody>
</table>

Emergency Medical Care:
I hereby give permission to the University of Missouri-St. Louis SUCCEED to secure emergency medical treatment in the event of an emergency. The student will be held accountable for costs of such treatments.

<table>
<thead>
<tr>
<th>Student Signature</th>
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</thead>
<tbody>
<tr>
<td>Parent/Guardian, if applicable</td>
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</tr>
</tbody>
</table>

Photo Release:
The University of Missouri-St. Louis SUCCEED utilizes photographs of students, staff, and volunteers for publicity and educational purposes including end of camp slideshow, pamphlets, flyers, television, newspaper, magazine, website, advertisements, social media, and other communications. By signing below, I authorize the usage of photographs.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian, if applicable</td>
<td>Date</td>
</tr>
</tbody>
</table>

Release of Liability:
Safety is our main concern in all camp activities. The University of Missouri-St. Louis SUCCEED has taken precautions to provide the proper equipment and qualified instructors/staff for all summer camp activities. It is impossible to eliminate all of the risks involved; however, it is our commitment to uphold a high standard of risk management. I acknowledge the inherent risks in summer camp activities. I hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the University of Missouri-St. Louis and its agents, officers, directors, employees, volunteers, and representatives from any and all liability including any cause of action, claims, or demands of the University of Missouri-St. Louis and its agents or employers.

<table>
<thead>
<tr>
<th>Student Signature</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian, if applicable</td>
<td>Date</td>
</tr>
</tbody>
</table>

As a person who is not a student or employee of the University of Missouri-St. Louis, while on University property, I acknowledge that I am required to abide by University policies and regulations.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian, if applicable</td>
<td>Date</td>
</tr>
</tbody>
</table>
Medical Management Statement:

All items brought with the student will be the student’s personal responsibility. The University of Missouri-St. Louis cannot reimburse for lost or damaged items.

Students are responsible for storage of medications. Medications should be kept on the student’s person or in the student’s room. Students will be responsible for taking medications as prescribed and maintaining medication schedules. Parents/guardians are welcomed and encouraged to make contact to provide reminders or assistance to the student in medication management. However, the University of Missouri-St. Louis SUCCEED will take no responsibility for the assurance of medication management and compliance. Furthermore, students can be removed from camp if students become a hazard to their own health and well-being or to the health and well-being of others due to non-compliance of medication.

Student Signature Date

Parent/Guardian, if applicable Date

Student Release, Contact, and Pick-Up:

In addition to the guardian/parent listed above, the following individual(s) are authorized to pick up or make contact with student. A photo ID will be required by any party requesting student release.

1. Enter Full Legal Name: __________________________ Relationship: __________________________ Phone: __________________________
2. Enter Full Legal Name: __________________________ Relationship: __________________________ Phone: __________________________
3. Enter Full Legal Name: __________________________ Relationship: __________________________ Phone: __________________________
4. Enter Full Legal Name: __________________________ Relationship: __________________________ Phone: __________________________

Student Signature Date

Parent/Guardian, if applicable Date

Medical Profile:

Date of Last Physical: __________________________ Current Age: __________ Height: _________ Weight: _________

Primary Diagnosis: __________________________________________

Secondary Conditions and Other Medical Concerns: *Circle All that Apply*

ADD/ADHD Arthritis/Joint Condition Anxiety Behavioral/Conduct Disorder
Bipolar Disorder Cardiac Condition Chronic Pain Cognitive Impairment- Mild
Cognitive Impairment Depression Diabetes Digestive Condition/Problem
Hearing Impairment Hydrocephaly Infectious Disease Migraines
Muscular Condition Neurological Condition Pica Respiratory Condition
Schizophrenia Scoliosis Seizure Disorder Sensory Processing Disorder
Skin Condition/Rashes Speech Impairment Swallowing Difficulty Urinary Condition
Visual Impairment None

Other: ______________________________________________________

Briefly describe all medical conditions and concerns selected:
Allergies:
Enter ‘NKA’ if there are no known allergies

Environmental:

Food:

Medication:

Dietary Needs:
Please list all dietary restrictions and needs:

Assistive and Medical Devices: Circle All that Apply

<table>
<thead>
<tr>
<th>Retainer/Braces</th>
<th>Dentures</th>
<th>Contacts/Glasses</th>
<th>Walker/Cane/Crutch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair</td>
<td>Prosthetic</td>
<td>Brace/Supportive Device</td>
<td>VNS</td>
</tr>
<tr>
<td>Colostomy Appliance</td>
<td>Hearing Aid</td>
<td>Communication Device</td>
<td>Urostomy Appliance</td>
</tr>
<tr>
<td>Helmet</td>
<td>Adaptive Eating Utensils</td>
<td>Pace Maker/Defibrillator</td>
<td>CPAP</td>
</tr>
<tr>
<td>Nebulizer</td>
<td>Weighted Vest/Blanket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Immunizations:

<table>
<thead>
<tr>
<th>Polio</th>
<th>Up to Date</th>
<th>Not Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Measles</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Rubella</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Up to Date</td>
<td>Not Received</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Date: ______</td>
<td>Not Received</td>
</tr>
</tbody>
</table>
Medications:
Please list all medications the student CANNOT take due to allergies or other medication interactions.

While the University of Missouri-St. Louis SUCCEED will NOT distribute, manage, or provide reminders for medication, the program would like a list of medications per student on file in the event of a student inquiry or emergency.

Medication 1: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 2: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 3: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 4: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 5: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 6: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 7: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 8: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 9: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________

Medication 10: ___________________________  Strength: ____________  Dosage: ______
Frequency: ____________  Times Taken: ____________
Camp Experience:
Is this your first time spending the night away from home without family? □ Yes □ No

Personal Habits:
Please answer the questions about your current personal habits completely and accurately.
Check all activities you enjoy.
☐ Swimming ☐ Rock climbing ☐ Walking ☐ Arts and Crafts ☐ Board games
☐ Puzzles ☐ Watching movies ☐ Sports ☐ Music ☐ Acting/Drama
☐ Singing ☐ Dancing ☐ Reading ☐ Drawing/Coloring ☐ Being outdoors

Do you have a current IEP, Behavior Plan or Social Story? □ Yes □ No
If yes, please provide current documentation attached to this application.

Please rate the frequency of each of the following behaviors:

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Never</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts well with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows simple directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrains from behavior that is dangerous to self or others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes care of personal belongings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes items that belong to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is self-abusive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically aggressive or abusive to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbally aggressive or abusive to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires restraint or physical management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to redirection and prompting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in group activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wets the bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently manages hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has sensory support needs</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Activities of Daily Living:

Mobility
☐ Fully mobile ☐ Fully mobile using a mobility aid ☐ Requires assistance
☐ Difficulty with hills, uneven ground, or long distances

Toileting
☐ Completes independently ☐ Completes independently with prompting ☐ Needs assistance with personal hygiene

Dressing and Changing Clothes
☐ Completes independently ☐ Completes independently with prompting ☐ Does not complete independently

Eating
☐ Completes independently ☐ Requires minimal assistance ☐ Does not complete independently

Drinking
☐ Completes independently ☐ Requires minimal assistance ☐ Does not complete independently

Showering
☐ Completes independently ☐ Completes independently with prompting ☐ Does not complete independently
Provide additional information about student’s ability to complete daily activities and assistance that may be required.

Please explain any behaviors or difficulties that student may experience while at camp. Please also provide verbal cues or other helpful hints that will assist us in providing a safe and fun experience.

• I certify that all information is up to date and accurate.
• I have included the following with this application:
  □ a copy of my most recent IEP
  □ a copy of my up to date medical insurance card
  □ a recent photograph
• I understand that my application is not complete until my teacher recommendation has been received by UMSL SUCCEED.
• I understand I may be required to attend the Meet and Greet/Group Interview
• I understand I am responsible for the cost of this camp and that Summer Camp vouchers may be accepted.

_________________________  _________________________
Student Signature                  Date

_________________________  _________________________
Parent/Guardian, if applicable    Date
Quick Application for
Visiting & Non-Degree Students

This application is only for students applying to UMSL as a visiting or non-degree seeking student. There is no application fee required. Submit this application to the Office of Undergraduate Admission, 351 MSC, 1 University Blvd., St. Louis, MO 63121 or fax to 314-516-5310. Financial aid is not available for visiting and non-degree students at UMSL.

□ Visiting Student – I am a degree-seeking student in good standing at another college or university who would like to enroll in courses at UMSL and transfer them to my home institution.

□ Non-Degree Student – I would like to enroll in courses for academic enrichment. I do not plan to earn a degree from UMSL and I have not been academically dismissed from any University.

1. Legal Name:
   Last  First  MI  Other

2. SSN or UMSL Student I.D.:  3. Date of Birth (MM/DD/YY)

3. Home Address:
   Street  City  State  ZIP

4. Home Phone #:  5. Work Phone #:

6. Place of Birth:  7. Email Address:

8. Are you a U.S. citizen?  □ Yes  □ No  If No, what country? ________________________________

9. Are you a Missouri resident?  □ Yes  □ No  If YES, since (Month / Year)
   If less than one year, list previous (County / State):
   If NO, list current (County / State):

10. Are you a permanent resident?  □ Yes  □ No  If Yes, please attach a copy of the front & back of your PR card
    If No, what is your Visa status? ________________________________

We are required by federal law to solicit certain demographic information to meet federal reporting requirements. Questions 11-13 will not be used in a discriminatory manner.

11. Gender:  □ Female  □ Male

12. Are you Hispanic/Latino?  □ Yes  □ No

13. Which of the following do you consider to be your racial background? Please check one or more that apply:
   □ American Indian or Alaska Native  □ Native Hawaiian or other Pacific Islander
   □ African-American/Black  □ White
   □ Asian (includes Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)
   □ Asian (underrepresented)

14. For which term are you applying?  □ Fall  □ Spring  □ Summer  Year ____________

15. Academic level?  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Post Baccalaureate

16. Academic Area?  □ A&S  □ BUS  □ COFAC  □ EDUC  □ Teacher Certification
   □ Certificate  If so, which one? ____________________________________________

17. Have you previously applied to UMSL?  □ Yes  □ No  If Yes, what term/year? ____________

18. Please provide the name and location of your college/university and dates of attendance
   □ Visiting Student
   Name ____________________________ Location ____________________________
   Dates of Attendance ____________ Degree(s) Earned ____________________________

I have read and understand the options and limitations offered to Visiting and Non-Degree Students by UMSL.

______________________________  ____________________________
Signature  Date

2/2013