



## Application Return to: Domenico Cavaiuolo, Special

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Applications are due December 15th for the following Fall Semester

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Mailing Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
Cell Phone	Other Phone	Birth Date	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>		

If you are completing this application on behalf of the applicant, please describe your relationship and complete the responses below:

Parent       Guardian       Care Giver       Other

What language (s) does the applicant speak?

Describe any concerns you may have that would impact the applicant's ability to be successful in this program.

Describe your preparations in assisting this applicant in making the transition to a program hosted at a university campus.

Please indicate if the applicant ever lived away from his/her primary caregiver (s) for:

- Camp  School  Vacation  Other

If yes, where did the applicant live and for how long?

Were there any adjustment issues?  Yes  No If so, please explain

Has the applicant used public transportation on their own to get to school or work?  Yes  No

Does the applicant use a cell phone independently?  Yes  No

Does the applicant have a driver's license?  Yes  No

Does the applicant have his/her own vehicle?  Yes  No

## FAMILY /GUARDIAN INFORMATION

Applicant lives with:  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

Mother/Guardian			
Last Name	First	M.I.	Date
Mailing Address		Apartment/Unit #	
City	State	ZIP	
Employer/ Occupation	Work Phone		
E-mail Address	Cell Phone		

FATHER/GUARDIAN			
Last Name	First	M.I.	Date
Mailing Address		Apartment/Unit #	
City	State	ZIP	
Employer/ Occupation	Work Phone		
E-mail Address	Cell Phone		

### Siblings:

How many siblings does the applicant have?

Please indicate the age, gender, and any other relevant information.

Age	Gender	Any Other Relevant Information

## EDUCATION HISTORY OF APPLICANT:

*(Include primary, secondary and any post-secondary experiences)*

Name of School	Location	Description of Program— public, private, transition, etc.	Years Attended	Completed Y or N

List applicant's general education courses during the last two years of high school.

List the subjects that applicant participated in a resource class for during the last two years of high school.

Describe any self-contained classroom experiences that your applicant had during the last two years of high school.

Does your applicant have an IEP?  No  Yes (If so a copy of the IEP must be submitted with the application materials)

Does your applicant have a 504 Plan?  No  Yes (If so, a copy must be submitted with the application materials)

Was a high school diploma awarded or, if the applicant has not graduated, is a high school diploma expected?

Yes  No

Was a certificate of attendance awarded or, if the applicant has not graduated, is a certificate expected?

Yes  No

## SUPPORT SERVICES\*

*Please provide information on the support services the applicant received in school.*

Type of Service	Duration of Service	Description of your applicant's accommodations:
Occupational Therapy		
Physical Therapy		
Speech and Language		
Assistive Technology		
Other		

## PRIVATE THERAPUETIC SERVICES\*

*Please provide information on the services the applicant received outside of school.*

Type of Service	Duration of Service:	Does the service need to continue? Y or N	Reason the service needs to continue:
Occupational Therapy			
Physical Therapy			
Speech and Language			
Assistive Technology			
Other			

*\*CILS Program fees do not include the cost of these services if continued.*

**Please indicate, in your opinion, the most effective learning strategies for the applicant:**

- Auditory     
  Reading     
  Visual Aid  
 Memorization     
  Repetition     
  Experiential Learning

**Describe how the applicant compensates for learning and cognitive disabilities when managing a task.**

## EXTRACURRICULAR/VOLUNTEER ACTIVITIES:

Organization	Description of Activity	Dates	Hours/Week

## EMPLOYMENT HISTORY:

Name of Employer	Position & Job Responsibilities	Hours/Week	Dates of Employment	Reason for Leaving	Paid or Volunteer

Was a job coach on site for any of the employment experiences listed?  No  Yes

If so, please list which positions had a job coach on site:

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What accommodations were provided at work?

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## MEDICAL/DISABILITY HISTORY

Name of Physician:		Phone	
Address	City	State	Zip Code

Date of last medical exam:

Has the applicant had problems with incontinence?  Yes  No If so, does the applicant use any of the following mobility aids?

- Prosthesis (specify: \_\_\_\_\_ )  Braces  Crutches  Cane  Manual Wheelchair  
 Motorized wheelchair/cart

Does the applicant require any canine assistance?  No  Yes, please explain:

Has the applicant ever had a seizure?  No  Yes, please explain and provide dates/treatment:

Please provide information on all medical conditions or diagnosis, other than common childhood illnesses.

Medical Condition	Date of Diagnosis	Description of the Medical Condition(s):	Does This Impact the Daily Living of the applicant (Y or N)

Please list any medications the applicant is prescribed.

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Please indicate the applicant's ability on each task below. Place a checkmark in the appropriate box.

Medication Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Not Applicable
Organizing medications daily or weekly					
Understands what medication to take at correct/times daily					
Understands what medication to take in response to symptoms					

Does the applicant understand why he/she is taking the medication?  Yes  No

Please explain:

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Please provide information about any hospitalizations the applicant has had.

Dates of Hospitalization	Reason for Hospitalization

Has the applicant had any incidents of aggressive physical or verbal behavior?  No  Yes, please list the date, and nature of the situation(s):

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## CILLS PROGRAM DESCRIPTION:

Career, Independent Living & Learning Studies (CILLS) is a program sponsored by East Stroudsburg University that is designed to provide individuals with intellectual disabilities with a learning experience in a campus environment where life and work skills are accelerated by daily engagement in the life of the university. The program includes living off campus and acquiring proficiency to function among others without disabilities on campus. In addition, the program provides personal development activities combined with classes designed to develop essential skills for independent living and future employment.

In addition to the application, applicants must provide the following documents: Current ( within 3 years) Psychology Evaluation, the last Evaluation Report (ER) conducted from the school the applicant attend, and last Individual Education Program (IEP) or Individual Service Plan (ISP)

**Indicate by circling one of the following about the legal guardianship of the applicant**

Applicant is his/her own guardian

Guardianship is maintained by family or other legal entity

**My signature below indicates that all information contained in this application is correct and complete. I understand false information is grounds for canceling my admission or registration. I understand that I will not receive undergraduate college credit for any courses taken within the CILLS Certificate Program.**

**Applicant Signature:** \_\_\_\_\_

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

**My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration. I understand that I will not receive undergraduate college credit for any courses taken within the CILLS Certificate Program.**

**Parent or Guardian Signature:**

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

*East Stroudsburg University prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information, contact the Office of Diversity and Equal Opportunity.*

## RECOMMENDATIONS:

Three recommendation forms should be completed by non-relatives who have known the applicant for at least six months. One reference must be from an educator. Other references should be an educator, supervisor, employer, family friend, or a service provider. Only CILLS Program recommendation forms and behavioral/skills assessments will be accepted. These forms should be sent directly to the CILLS Program by the references. The recommendation forms must be received by January, 30th for the following Fall Semester

**Applicant/ Participant's Name:** \_\_\_\_\_

### Reference Information:

1. \_\_\_\_\_ Date: \_\_\_\_\_

Name

\_\_\_\_\_

Address (city, state, zip, country)

2. \_\_\_\_\_ Date: \_\_\_\_\_

Name

\_\_\_\_\_

Address (city, state, zip, country)

3. \_\_\_\_\_ Date: \_\_\_\_\_

Name

\_\_\_\_\_

Address (city, state, zip, country)





