

Summer Exchange Application



Congratulations on your decision to apply to the College Experience's Summer Exchange Program! The College Experience Summer Exchange is a week-long program held at The College of Saint Rose in Albany, NY. The Summer Exchange is designed for high school students with disabilities who desire independent living and competitive employment in the future. At the Summer Exchange, students will experience a taste of college and what the future has to offer!

Below is a checklist that you can use as your guide, as you complete each step in the application process. We look forward to hearing from you!

Please submit the following documents:

- Completed Application
- Student & Parent Questionnaire
- Current High School or Most Recent Individualized Education Plan (IEP)
- Most Recent Psychological Testing
- Seizure Protocol, If Applicable

To submit your application and supporting documents, **print** and then either **fax** (518-862-2175), **mail** or **scan & email** to Colleen Dergosits (cdergosits@livingresources.org).

If mailing documents, please send to:

The College Experience Program
Attn: Colleen Dergosits
Living Resources Corporation
300 Washington Avenue Extension
Albany, NY 12203



APPLICANT INFORMATION

Last Name

First Name

Middle Initial

Male Female

Birthday

Cell Phone Number

Home Phone Number

Email Address

Home Address

City

State/Province

Zip

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN #1

Relationship to Applicant

Father Mother Guardian

Last Name

First Name

Middle Initial

Cell Phone Number

Home Phone Number

Email Address

Home Address

City

State/Province

Zip

PARENT / GUARDIAN #2 (OPTIONAL)

Relationship to Applicant

Father Mother Guardian

Last Name

First Name

Middle Initial

Cell Phone Number

Home Phone Number

Email Address

Home Address

City

State/Province

Zip



MEDICAL INFORMATION

Do you take medication? Yes No

Drug	Dosage	Time of Dispense	Comments

Do you self-manage medication? Yes No

If no, please describe daily support given: _____

List all allergies / reactions (food, environmental, medications): *Please note if you require an EpiPen for any of these allergies.*

Do you have a history of a seizure disorder? Yes No

If yes, please attach seizure protocol.
Please note, we cannot administer Diastat.

Do you currently receive private counseling? Yes No

If yes, what is the frequency? _____

Any additional medical needs that were not inquired about that would be important to share?

EDUCATION INFORMATION

Current School / Program _____ Start Date _____ End Date _____ Current Grade (if applicable) _____

Disability Classification: _____

Are you involved in any school clubs or extracurricular activities? Yes No If yes, please list below.

Do you have a behavior support plan at school? Yes No If yes, please attach.

PERSONAL INFORMATION

Any history of, or current difficulties with violence to self, others, or property? Yes No If yes, please explain.



PERSONAL INFORMATION (CONTINUED)

Have you ever been hospitalized for psychological reasons? Yes No If yes, please explain.

Please explain any special considerations that we should be aware of in regard to your student, i.e. personal habits; sensory issues; suicidal thoughts, gestures, or attempts; medical conditions; anger management issues; use of illegal substances; history of emotional support needs; and/or the potential for or history of self harm, violence to others and/or property.
(Attach additional sheets, if necessary):

I certify that all the information in the application is true and complete to the best of my knowledge:

Signature of Applicant Date

Signature of Preparer Date