



2024 Summer Academy Checklist

Please note: All items on this checklist must be completed and submitted together for consideration to the Summer Academy.

All Students:

- Completed application and assessment with signatures.
- \$50 non-refundable processing fee made payable to Journey21.

New Summer Academy Students (required if student has not attended an Academy program before)

- Copy of High School IEP (not required for applicant's 25 years of age or older)
- If a Division of Vocational Rehabilitation (DVR) Client:
 - Copy of Individual Plan of Employment – IPE
 - Copy of Functional Assessment Report – FAR
- If receiving waiver funding, the following is required:
 - IRIS, a copy of ISSP and IPE
 - Community Care or MyChoice Wisconsin-Member Centered Plan

Please indicate if you are applying for:

- June Session
- July Session
- August Session

Please mail all materials to:

Journey21
Attn: Heidi Hamilton
1671 Old School House Road
Oconomowoc, WI 53066

Questions? Please contact:

Heidi Hamilton
Program and Enrichment Center Director
Heidihamilton@journey21.org
262-399-0102

2024 Summer Academy Application

How many sessions do you wish to attend? One Two Three

Please check the session you prefer to attend: June July August

Student Contact Information:

Name: _____
Preferred Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Primary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Secondary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

About the Applicant:

Diagnoses:	
Medical Conditions:	
Medications:	

2024 Summer Academy Application

Does the applicant have allergies? Yes No If yes, please list what kind?

Medication:	
Food:	
Seasonal:	
Other:	

Does the applicant have a history of seizures? Yes No

Date of last seizure:	
Frequency:	
Type – what to expect:	
Response Protocol:	

Does the applicant have a special diet? Yes No If yes, please describe:

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Waiver/Funder Contacts:

What is your current waiver funding? IRIS CLTS MyChoice Community Care N/A

If you have waiver funding, please provide contact name for IRIS Consultant, Family Care Case Manager or CLTS Case Worker:

Name: _____
Work Phone: _____
Email: _____

Academic Levels:

Skills Area:	Grade Level or Age Level Equivalency:
Reading Skills:	
Math Skills:	
Writing Skills:	

2024 Summer Academy Application

Education & Work History:

High School:

Name:	Dates Attended:

Post Secondary School:

Name:	Dates Attended:

Did the applicant participate in an 18-21 program? Yes No If yes, please list the internships and work experiences in which the applicant participated in:

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Jobs or Volunteer Work Experiences:

Employer Name	Job Duty	Unpaid?	Paid?	Hrs/Wk?	Dates?
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Applicant Self-Assessment

Independent Living & Self Care

I do chores such as making my bed and taking out trash <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can read a digital clock and tell time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to handle money/make change <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can prepare a lunch or snack <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I currently feel like I eat healthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can eat independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I exercise regularly, # of days a week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need to be more active and would like an exercise plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I feel anxious or stressed often	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need extra support or one-one-one assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can do my own laundry <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have basic cooking skills <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Behavior & Communication

I am sensitive to a noisy environment or bright lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use an appropriate tone of voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am comfortable starting a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give personal space to the people around me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I display appropriate behaviors in public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use a cell phone at appropriate times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I don't understand directions, I ask for help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need 2 or less prompts to stay on task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I become frustrated or anxious easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I interrupt and can dominate a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can follow simple directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I ask for help or speak up when I don't understand something	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Self-Assessment & Signatures

Mobility and Activity Levels

I can walk independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need assistance in finding my way in a familiar/unfamiliar setting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I require assistance on stairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can manage walking short distances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need mobility assistance for outings that require extensive walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I tire easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can manage physical endurance at a low or medium level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can tolerate outdoor activities in the summer heat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need prompts to hydrate after physical activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to swim	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Interests:

<input type="checkbox"/> Music	<input type="checkbox"/> Theatre	<input type="checkbox"/> Movies
<input type="checkbox"/> Legos	<input type="checkbox"/> Exercise	<input type="checkbox"/> Sports
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dancing	<input type="checkbox"/> Pickleball
<input type="checkbox"/> Art	<input type="checkbox"/> Hiking	<input type="checkbox"/> Board games
<input type="checkbox"/> Cooking	<input type="checkbox"/> Baking	<input type="checkbox"/> Swimming
<input type="checkbox"/> Special Olympics (please specify):		
<input type="checkbox"/> Other (please specify):		

Guardian/Parent Signature: _____ **Date:** _____

Print Name: _____

Signature of Applicant: _____ **Date:** _____

Print Name: _____