

## APPLICATION FORM

### Parent Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Email Address(es): \_\_\_\_\_

### Family Information

Please describe your household in terms of number of people in the home, their relationships, pets, predictable routines or appointments, typical mealtime, etc.

### Information About Your Child with a Disability

Child's first name:

Age:

School or program your child attends:

Nature of your child's disability:

What kinds of things does your child enjoy?

What kinds of things does your child avoid?

This program requires you to participate in a variety of activities. Please indicate your willingness to engage in each of these by checking YES or NO.

Activities	YES	NO
Short orientation meeting in Newark, Delaware		
LEND trainee involvement in family activities and routines		
Gathering of photo and video documentation		