

**GATE Student/Guardian Application DUE 3/2/2020**

Bring copy of Resume, apple pass for the bus and a Lunch when you are scheduled to visit.

**Student Information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Student Cell # \_\_\_\_\_

Student home E-mail Address \_\_\_\_\_

WA State ID Number # \_\_\_\_\_

Student knows Social Security Number. \_\_\_ Yes \_\_\_ No

Student has access to Social Security Card. \_\_\_ Yes \_\_\_ No

**Personal medical insurance coverage is required for participation in this program.**

**Please check one:**

- Student is currently enrolled in the School Insurance Program.
- Student is currently covered by State Medical Coupons.
- Student is not enrolled in the School Insurance Program; we carry our own accident/medical insurance.

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

DDD Case Manager/Phone # \_\_\_\_\_

DDD Case Manager E-mail Address \_\_\_\_\_

**Parent Information**

Mother/Guardian \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Does the student demonstrate stabilized health conditions?  
\_\_\_\_\_  
\_\_\_\_\_

Medications  
\_\_\_\_\_  
\_\_\_\_\_

Medical Concerns/Significant Allergies  
\_\_\_\_\_  
\_\_\_\_\_

**For more information, visit [gate.vansd.org](http://gate.vansd.org) or call 360.313.1050**

*If a student is accepted to GATE and choses to come, it is expected that the student will stay until age 21*

Revised 9/10/19

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**Please have student answer the following questions**

**1. What can I gain from the GATE program?**

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**2. What is the main focus of my education / training?**

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**3. What do you do during your free time?**

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**4. What job are your work interests?**

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**5. How can GATE help you?**

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**6. What was your favorite work experience?**

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**Work Experience**

**Prior Work Experience/Training**

Date	Place/address/phone	How does the student get to work?	Hours Per week	Type of Work	Paid/ Unpaid	Was Work Experience Successful "Why or Why not"

**Directions:** Evaluate your adult age child by answering the following questions thoroughly and filling out the tables provided below.

**Adapt to change**

1. The program provides an opportunity to adapt to a varied schedule / partial day program with emphasis on employment and community access and limited classroom activities. Can your adult student spend part of the day unsupervised and adapt to change? Explain why or why not

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**Behavior**

1. Describe any significant behavior / mental health issues.

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2. Does your adult age child demonstrate appropriate behaviors in the community and at school? (If no, list areas of concern)

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**Community Access**

1. Does your adult age child travel in the community and participate in community activities without parental or staff supervision? How many times a week?

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2. Is your adult age child able to spend part of the day unsupervised in the community? *Give examples*

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**Transportation**

1. Describe how your adult age child travels independently in the community.

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2. What routes on C-Tran does the student travel?

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**Communication**

1. Does your adult age child demonstrate ability to use independent communication skills / Assistive devices? (If no, list areas of concern)

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**Life Skills**

1. What assistance does your adult age child need to transition to adult life?

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**Employment**

1. Describe the primary employment goal for your adult age child.

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**Interest**

1. What would be your expectations of your adult age child in this program?

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**Self-care Management**

1. Does your adult age child demonstrate independent self-care management throughout the school day and in the community? (If no, list areas of concern)

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**Miscellaneous**

1. Any additional information that you think needs to be shared.

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*By filling out this application, the student and parent agree to allow the student to visit the GATE Program. Student will visit from 8:30 to 12:30 on the day scheduled by GATE staff. Some students may be required to visit 3 additional days and participate in a work experience. Please send student with a copy of his or her resume and his or her apple pass.*

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Student Signature and Date

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Parent or Guardian Signature and Date

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