



# V.A.S.T. L.I.F.E. @ Penn

Vocational | Academic | Social | Transition | Life Skills | Independent | Functional | Experiences

## Questionnaire for Parents of Children Applying to V.A.S.T. L.I.F.E

We want to get to know your child and make the best decision in relation to applicants of the VAST LIFE program @ Penn. We ask that you fill out this form so we can better serve your child should he/she be accepted to participate for the upcoming term. All information provided will be used in our efforts to plan accordingly for your child and his/her needs related to the skills taught and learned in the program. The information will be used by the candidates for Master’s and certification in the area of special education at the University and Pennsylvania, staff and faculty involved in delivering the program. All information will be shared on a "need to know" basis, keeping it confidential. A copy of this form will kept in your file along with all signed wavier and consent forms. Please understand this form is a part of the application process. No student will be considered without the packet fully completed.

Child’s name: \_\_\_\_\_ Today’s date: \_\_\_\_\_  
Child’s age: \_\_\_\_\_ Child’s grade: \_\_\_\_\_ Child’s date of birth: \_\_\_\_\_  
Father’s name: \_\_\_\_\_ Father’s cell phone #: \_\_\_\_\_  
Father’s email address: \_\_\_\_\_  
Mother’s name: \_\_\_\_\_ Mother’s cell phone #: \_\_\_\_\_  
Mother’s email address: \_\_\_\_\_

Please check all date boxes and sign confirmation that your child can attend **all** dates for the Spring 2021 semester. Please note – if VAST LIFE has to cancel in person experiences due to COVID your graduate student will create opportunities for remote learning experiences in lieu of our face to face sessions.

- January 23, 2021 - 10:00 am to 4:00 pm
- February 20, 2021 - 10:00 am to 4:00 pm
- March 20, 2021 - 10:00 am to 4:00 pm
- April 10, 2021 - 10:00 am to 4:00 pm
- May 1, 2021 - 10:00 am to 4:00 pm
- April 24, 2021 - 10:00 am to 4:00 pm \*\*\*Snow date – will only be used if we have to cancel due to inclement weather\*\*\*\*

I can attend the Meet and Greet on December 7, 2020 from 5:30 to 6:30  Yes  No

I, \_\_\_\_\_, confirm my child will be in attendance to all dates listed above baring illness. I also confirm my child will participate in remote learning opportunities should the need arise due to the possibility of face to face sessions being terminated under COVID related closures.

List any confirmed disabilities and/or medical diagnosis:

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Does your child take any medication?

Yes  No

If so, would any need to be administered during his/her time in VAST LIFE @ Penn?

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Can any medication be self-administered or administered by non-nursing staff?

Yes  No Please explain:

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What steps would you want us to follow in case of a medical emergency? Please be specific:

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What school district, charter or private school does your child attend? \_\_\_\_\_

What type of educational program is your child educated in while in school? (Autistic Support, Life Skills Support, Inclusion, Mixture of environments, etc.)

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Does your child qualify to take the Pennsylvania Alternative State Assessment (PASA) in lieu of the current Keystone Examination (given in 8th and 11th grades)?

Yes  No

To your best estimation, what is your child's current ability to read (level, grade equivalency, etc.)?

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Would you be able to provide us with a copy of your child's current IEP?

Yes  No

Does your child feed him/herself?

Yes  No

Does your child have any issues with food (allergies, aversions, etc.)?

Yes  No

If so, please list:

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Does your child have issues with independent mobility?

Yes  No

Does your child use a wheelchair, walker or crutches to maneuver his/her environment?

Yes  No

If so, what device is used? \_\_\_\_\_

Does your child toilet him/herself or need assistance in this area?

Yes  No

Does your child use any devices, augmentative communication or American Sign Language to communicate?

Yes  No

If so, please name: \_\_\_\_\_

Does your child use any personal handheld devices (e.g. Smartphone, iPad, etc.)

Yes  No

If so, please name: \_\_\_\_\_

Please check any that are applicable to your child that TFA students, faculty and staff of the University of Pennsylvania will find helpful while serving and working with your child:

- Short attention span/easily distracted
- Temper tantrums
- Aggressive behavior
- Challenges with changes in routine/ location
- Tendency to run/leave classroom without permission
- Challenges with following directions
- Challenges with fine motor skills (cutting, pasting)
- Challenges with gross motor skills (walking, jumping)
- Difficulty remaining on task/completing activities

- Allergies: \_\_\_\_\_
- Trouble sitting in groups
- Trouble with sensory experiences
- Issues with separation anxiety
- Shyness
- Tendency to be possessive
- Difficulty in social settings
- Difficulty interacting with peers
- Hearing challenges/hearing aids
- Severe speech difficulties
- Other: \_\_\_\_\_

What are some suggestions on how to best handle any situations which may involve behavioral issues:

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What are some interests and motivating factors your child responds to and/or enjoys?

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What types of things is your child currently working on in school?

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Are you currently working with any outside organizations?

Yes  No

If so, please list the agencies you are working with as a family:

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What are your goals for your child as he/she transitions into adulthood and out of school based services?

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What types of things would you like to see worked on while your child attends VAST LIFE @ Penn?

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Are there any other concerns you would like to share with us about your child?

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The information I have supplied is correct to the best of my knowledge. I understand that the VAST LIFE Program @ Penn will use the information to help my child participate in the program and all planned activities. I understand that the VAST LIFE Program @ Penn may not be medically or professionally trained to handle *all* situations, but will be involved with some medical or personal hygiene needs related to my child. I am also encouraged to maintain communication with the candidates of certification, faculty and staff as it directly involves my child's comfort, wellness and safety.

Parent Signature: \_\_\_\_\_