



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. Please fill out this form so we can better serve your child should they be accepted to participate for the upcoming term. All information provided will be used in our efforts to plan accordingly for your child and their needs related to the skills taught and learned in the program. The information will be used by the candidates for a master’s degree and certification in the area of special education at the University of Pennsylvania as well as by 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 be kept in your file along with all signed waiver and consent forms. Please understand that this form is part of the application process. No student will be considered without a fully completed packet.

Child’s name: _____ Today’s date: _____

Child’s size for the GSE T-shirt (S through XXXL) _____

Child’s age (as of 1/28/23): _____ Child’s grade: _____ Child’s DOB: _____

(1) Parent/Guardian name: _____

(1) Parent/Guardian phone number: _____

(1) Parent/Guardian email address: _____

(2) Parent/Guardian name: _____

(2) Parent/Guardian phone number: _____

(2) Parent/Guardian email address: _____

Please check all date boxes and sign a confirmation that your child can attend all dates for the Spring 2023 semester, as well as the Meet and Greet on Wednesday, December 7, 2022. All on-campus sessions require you to drop off and pick up your child.

- Meet and Greet – December 7, 2022 – 6:00 p.m. to 7:00 p.m. (parents/guardians will also attend for the entire session)
- January 28, 2023 – 10:00 a.m. to 4:00 p.m. – on campus
- February 11, 2023 – 10:00 a.m. to 12:30 p.m. – *virtual*
- March 11, 2023 – 10:00 a.m. to 4:00 p.m. – on campus
- April 29, 2023 – 10:00 a.m. to 4:00 p.m. – on campus
- May 20, 2023 – 10:00 a.m. to 4:00 p.m. – on campus - (parents/guardian will attend beginning at 2:00 pm for our final family presentation)
- ***SNOW DAY – IF NEEDED – April 15, 2023, 10:00 a.m. to 4:00 p.m. – on campus

I, _____, confirm my child will be in attendance for all dates listed above, barring illness.

List any confirmed disabilities or medical diagnosis for your child:

Does your child take any medication?

Yes No

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

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

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.)

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.)?

Would you be able to provide us with a copy of your child's current I.E.P. and/or Re-Evaluation Report?

Yes No

Does your child feed themselves independently?

Yes No

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

Yes No

If so, please list:

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 themselves?

Yes No

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

Yes No

If so, please name: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Short attention span/easily distracted | <input type="checkbox"/> Allergies: _____ |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Trouble sitting in groups |
| <input type="checkbox"/> Aggressive behavior | <input type="checkbox"/> Trouble with sensory experiences |
| <input type="checkbox"/> Challenges with changes in routine/ location | <input type="checkbox"/> Issues with separation anxiety |
| <input type="checkbox"/> Tendency to run/leave classroom without permission | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Challenges with following directions | <input type="checkbox"/> Tendency to be possessive |
| <input type="checkbox"/> Challenges with fine motor skills (cutting, pasting) | <input type="checkbox"/> Difficulty in social settings |
| <input type="checkbox"/> Challenges with gross motor skills (walking, jumping) | <input type="checkbox"/> Difficulty interacting with peers |
| <input type="checkbox"/> Difficulty remaining on task/completing activities | <input type="checkbox"/> Hearing challenges/hearing aids |
| | <input type="checkbox"/> Severe speech difficulties |
| | <input type="checkbox"/> Other: _____ |

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

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

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

Are you currently working with any outside organizations?

Yes No

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

What are your goals for your child as they transition into adulthood and out of school based services?

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

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

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. 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: _____