LEOS Program:

Application for Life Education and Occupational Studies Program

# All information needs to be filled out completely! You may substitute portions below with a video application (where stated) but please make sure other application sections are completed and submitted to [nrm157@psu.edu](mailto:nrm157@psu.edu) and [jlc5865@psu.edu](mailto:jlc5865@psu.edu).

**PERSONAL INFORMATION**

Last Name First Name

Date of Birth Age at time of application

Are you a Pennsylvania Resident? Yes No

Do you have an intellectual disability or other disability? Yes No Please explain your specific disability and how it impacts you in school and work

Please submit documentation of your disability along with this application.

Street Address

City

State

Zip Code

Phone Number E-mail

# HIGH SCHOOL INFORMATION

Name of High School

Contact Name

Street Address

City

State

Zip Code

Phone Number E-mail

Highest Level of Education Completed

No High School GED, Date (mo/yr) Certificate of Completion Some High School HS Diploma, Date (mo/yr)

# SUPPLEMENTAL INFORMATION

DOCUMENTATION OF DISABILITY

ALONG WITH THIS APPLICATION, SUBMIT:

Most recent Individualized Education Program (IEP), and/or

Psychological-Educational or Neuropsychological Evaluation (by a licensed professional)

SUPPORTING DOCUMENTS

ALONG WITH THIS APPLICATION, SUBMIT:

LEOS Work Experience Form, School transcripts or records (e.g. high school, college), and the LEOS Recommendation form completed by a teacher, transition coordinator, or employer.

Parent and Guardian Information

Name

Street Address

City

State

Zip Code

Phone Number E-mail

Emergency Contact

Parent Guardian Other (Complete the information below)

Name

Street Address

City

State

Zip Code

Phone Number E-mail

# SERVICE PROVIDER INFORMATION

Do you currently have a waiver through the County Office of Intellectual Disability? Yes No What is the name and contact information of your supports coordinator?

Name Address Email Phone Number

Have you opened a file with the Office of Vocational Rehabilitation (OVR) Services? Yes No Are you currently receiving services from OVR? Yes\* No

\*If yes, what is the name and contact information of your OVR Counselor?

Name Address Email Phone Number

# Student Vision and Goals

Why do you want to enroll in Penn State Lehigh Valley's LEOS Program? (May substitute video for this section)

What do you want to learn if accepted? (may substitute video for this section)

Do you have a preferred method of learning (may substitute video for this section)?

What academic support do you need in the classroom? (please write down previous academic accommodations received or needed)

What are your short term and long term education and career goals? (May substitute video for this section)

What are your talents and strengths? What are you good at doing? (May substitute video for this section)

What is important to you? (May substitute video for this section)

Are you or were you involved in extracurricular activities? If yes, please explain. (May substitute video for this section)

Do you have a paid or volunteer job? If yes, please explain where you work and what do you do? If you are not currently working please include any jobs you had previously. (May substitute video for this section)

Application Agreement: I certify that the responses provided on my application are true and complete to the best of my knowledge. I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to withdraw my application, deny admission or dismiss me after enrollment. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all required information and supplemental documents. I also agree to inform LEOS and Penn State Lehigh Valley in writing, of any change in my plans to attend the University, any change of address, or residency. I understand that if I do not enroll or discontinue my enrollment in the LEOS program at Penn State Lehigh Valley at any time, I must submit a new application by the appropriate deadline and pay a new application fee (if applicable). Penn State Lehigh Valley and the LEOS program is authorized to use my image (still or motion photography) in its promotional materials.

Signature of Applicant Date

Parent or Guardian Signature (if applicable)

Date