

Summer LIFE @ The Beach Program Overview and Application Checklist

Summer LIFE @ The Beach is a multi-day, overnight program for incoming first-year or transfer students with an autism spectrum disability (ASD) or other neurodiverse abilities. During this program, students will learn about campus programs and resources, have an opportunity to practice and develop interpersonal skills as well as personal/self-care skills, and will explore the Long Beach community.

To learn more about the Learning Independence for Empowerment (LIFE) Project and Autism Services with the Bob Murphy Access Center (BMAC) at CSULB, check out our website:
[Bob Murphy Access Center - Autism Services/LIFE Project](http://www.csulb.edu/bmac/life-project)

Summer LIFE @ The Beach application requirements for all applicants:

- o Fully completed and signed application, including 3 U L P D U \ 6 X S B P A S M f 0 0 € (Á P © , À & sending (not via fax) to:
- o Information (ROI) form
- o Psycho-educational report and/or supporting disability documentation
- o 2 Q H letter of character reference
- o Latest IEP (most recent, if applicable for first year students)
- o Student photo
- o Interview (Zoom or in-person), to be held in May/June 2023

Please submit application materials to: LIFEproject@csulb.edu

California State University Long Beach
ATTN: Bob Murphy Access Center (BMAC),
LIFE Project, SSSC-110
1250 Bellflower Blvd
Long Beach, CA 90840

Phone: (562) 985-5401
Fax: (562) 985-7183
Email: LIFEproject@csulb.edu

Application

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student resides)

& INFORMATION (Guardian(s) with whom the

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First Name _____

Last Name _____

Address _____

City, State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email

EDUCATIONAL INFORMATION

First-year students: please list all schools attended from 9th through 12th grades. Transfer students: please include colleges or other relevant educational programs.

Current School or Program

School Name _____ Current GPA _____

Mailing Address _____ Start Date _____

City _____ State _____ End Date _____

Zip Code _____ Phone Number _____

Previous School or Program

School Name _____ Grade(s) Completed _____

Mailing Address _____ Start Date _____

City _____ State _____ End Date _____

Zip Code _____ Phone Number _____

Previous School or Program

School Name _____ Grade(s) Completed _____

Mailing Address _____ Start Date _____

City _____ State _____ End Date _____

Zip Code _____ Phone Number _____

MEDICAL/DISABILITY INFORMATION

List your specific medical/disability diagnoses:

List any medical

Do you self-manage medication? ' Yes ' No

If no, please explain:

Share any allergies and reactions:

OTHER APPLICANT (STUDENT) INFORMATION

Any history of, or current, legal difficulties? ' Yes ' No

If yes, please describe:

Any history of, or current, substance abuse? ' Yes ' No

If yes, please describe:

Have you ever been convicted of a felony? ‘ Yes ‘ No

If yes, please give date(s) and explain:

Any history of, or current difficulties with, violence to self, others, or property? ‘ Yes ‘ No

If yes, please give date(s) and explain:

Are you currently under a conservatorship? ‘ Yes ‘ No

If yes, please list your conservator’s first and last name: _____
First Last

How did you learn about Summer Life @ The Beach?

Check all that apply

- ‘ Word of mouth
- ‘ Professional referral
- ‘ Conference or event
- ‘ Advertisement
- ‘ Web search
- ‘ Social media

‘ Other (please list):

STUDENT (APPLICANT) STATEMENT

To be completed by the student. Please answer all questions.

1. What would you like to do after high school or community college?

- ‘ Attend a 4-year college

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2. Describe your personal interests, including hobbies:

3. Describe any dietary needs and/or limited food preferences:

4. List three goals you would like to achieve while attending summer bridge:

- 1) _____
- 2) _____
- 3) _____

5. List your strengths:

6. List your challenges:

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35,05 < 6833257 3(5621 QUESTIONNAIRE

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TXHVWLRQQ\ MUSIKSOSV IRU WKH VWD\ VR WFKH QD\ H QR ZUF
following questions, please FKHFN WKH VWDWHPHQW WKDW %(67 GHVFULEH
SURYLGHG

INDEPENDENT LIVING

_____ 1. Please rate the student's experience living away from home (summer
camp, UHVLGHQWLDO SURJUDP HWF

\$ Has lived away Tw (away)Tj 0 T7()Tj 0.048 Tc -0.048 Tw (away)048 Tw ()Tj -0.024 Tc 0.024 T

ACADEMIC/VOCATIONAL SECTION

_____ 11. What are the student's academic goals?

- \$ Knows exactly what degree or career they want.
- % Would like to go to college, but is not sure of a major or degree.
- & Is not sure about college, but would like to try it out.
- ' Is not quite ready for college at this time, but would like to try it in the future.
- (Not interested in college; pursuing vocational track only

_____ 12. Has the student had experience taking college -level classes before?

- A. Yes, and they did quite well.
- B. Yes, overall it was a positive experience, but they had some challenges.
- C. Yes, but it was not a positive experience for the student.
- D. No, the student has never taken a college class before.

If B or C, please explain:

BB

_____ 13. Rate the student's academic independent working skills:

- \$ Totally independent and has succeeded in the past with organizing their own assignments and managing their own time.
- % Needs small amounts of assistance in getting started or in organizing their time, but once they get going, can work independently.
- & Needs moderate assistance to organize their academic work and is more successful when checking in with someone on a regular basis.
- ' Needs a high level of assistance where a teacher or parent can break down assignments into small chunks to help them decide what to do and when to do it.

_____ 14. Rate the student's previous relationships with teachers/supervisors:

- \$ Feels very comfortable speaking with and seeking assistance from their teacher or supervisor and has formed close relationships in the past.
- % Seeks assistance/clarification from the teacher or supervisor, but tends to shy away from regular contact.
- & Sought assistance/clarification in the past, but did need encouragement from a tutor or a parent to follow through.
- ' Does not feel comfortable speaking with teachers or supervisors and will need help in learning to approach them.

_____ 15. Which best describes the student's employment/internship experience?

- A. Has successfully maintained a position for more than six months.
- B. Has tried working, but resigned.
- C. Has tried working, but was discharged/released by supervisor.
- D. Has no employment/internship experience.

_____ 16. Has the student ever been discharged or suspended from a school, program or job?

- A. No.
- B. Yes, over three years ago, but it

STATEMENT OF AUTHENTICITY

SIGNATURE REQUIRED

Name of person completing application: _____
First Middle Last

If not applicant, relationship to applicant: _____

You are responsible for the accuracy and thoroughness of all information provided. Full candor is a prerequisite to admission. Failure to disclose, concealment of information, or failure to fully disclose may result in denial of admission, revocation of admission, and/or suspension or dismissal.

I certify that all the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

Preparer Signature

California State University, Long Beach
Bob Murphy Access Center
1250 Bellflower Boulevard, SSSC-110
Long Beach, CA 90804-0108
Phone: (562) 985-5401 | Fax: (562) 985-7183
Website: www.csulb.edu/BMAC

Student and Emergency Contact Information Form

Student Information

Name: _____ Campus ID #: _____

Birthdate: _____ Cell Phone #: _____

Allergies (Food, Medication, Insects, etc.): _____

Medical Alert(s): _____

Emergency Contact Information

Primary Emergency Contact

Contact Name: _____

Relationship to Contact: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____

Secondary Emergency Contact (Optional)

Contact Name: _____

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Consent to Release Information Form

Student Name: _____

Campus ID #: _____ Birthdate: _____

This Consent to Release Information is valid for _____ DC t to R_i eb-5 (e)lit (ud)y0 (___Do-5 (ec)88-5 ud)10-9 (z)4