



# 3LPlace Summer Series Application

## **3LPlace**

50 Whitman Street  
Somerville, MA 02144-  
1975 [www.3LPlace.org](http://www.3LPlace.org)

## CHECKLIST

*Here's a handy guide to make sure you are sending along everything we need ... please include it with your application. We regret that we cannot process incomplete applications.*

*Please send your completed application via e-mail to [rsteinberg@3lplace.org](mailto:rsteinberg@3lplace.org) or via mail to 50 Whitman Street, Somerville, MA, 02143.*

Participant Name: \_\_\_\_\_

- Completed application
  - Including contact information for two references: one educational/clinical contact, and one who knows participant well (excluding family members)
- Most recent IEP

**Optional: Other reports and evaluations.** *These reports can be helpful to us in supporting your son/daughter. If available, please include the following reports with the application:*

- Other *Please tell us which type you are sending*
  - \_\_\_\_\_
  - \_\_\_\_\_

**Date of application:** \_\_\_\_\_

**Enrollment Dates:** Monday, Tuesday, Wednesday Evenings, June 24-August 22 (no programming week of July 1), 4:30-6:30pm

## **PARTICIPANT INFORMATION:**

Person submitting application \_\_\_\_\_ Relationship \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_  
*First Middle Last*

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Sex:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

How did you learn about 3LPlace? \_\_\_\_\_

## **Family Information**

**Name of Mother/Guardian:** \_\_\_\_\_  
*First Middle Last*

Address if different from participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Name of Father/Guardian:** \_\_\_\_\_  
*First Middle Last*

Address if different from participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Please indicate any important family dynamics of which we should be aware or other adults that are in regular contact with the participant:

## Previous Education/Program Information

Name of current school/program (or most recent): \_\_\_\_\_

Projected school/program completion date (if applicable): \_\_\_\_\_

School/program address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does the young adult receive support services?  Y  N

If yes, please list and describe:

Has he or she ever been dismissed/suspended from a program?  Y  N

If yes, please describe the circumstances and date: \_\_\_\_\_

## Medical Information

Describe any current or previous medical conditions \_\_\_\_\_

What diagnoses have been given in regard to the participant's disability?

Does he or she take any medication during program hours?  Yes  No  
If yes, please list medications below:

Medication/s:	Dosage:	Time of day:	Reason:
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- 1.
- 2.
- 3.
- 4.

Will he or she administer his or her own medication?  Yes  No

List of any allergies:

Is the participant on a special diet?  Y  N

If yes, please explain:

Other treatment not previously discussed:

Does the participant have any history of behavioral or emotional difficulties (including any history of violence to self, others or property) in school/program or residential settings? If yes, please describe:

Does the participant have any history or current difficulty with anger management or elopement? If yes, please describe:

## References

Name of Educational/Clinical Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Second Contact (close person, excluding family members):

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_





## **Tell Us More (to be filled out by participant)**

**3 special things about me that you should know...**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**3 life skills I'm interested in learning more about...**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**3 things that stress me out and how I cope...**



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**3 fun summer dinnertime activities I would like to do (ex: have a BBQ, make ice cream, go out to dinner)....**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

