



Next STEP

STRIVE'S TRANSITIONAL EDUCATION PROGRAM

28 Foden Road, South Portland, ME 04106

www.pslstrive.org

(207) 774-6278

info@pslstrive.org

Application for Enrollment for **Next STEP**

Please fill out the application completely.
Information must be complete and all parts returned in order to begin the application process.

Student's Full Name: _____ Sex: M ___ F ___
Nickname/ Preferred Name: _____ DOB: _____
Address: _____
City: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

Guardian Status

Please circle one: SELF PARENT OTHER: _____

Emergency Contacts

Mother's/Guardian's Name: _____ Home Phone: _____
Address (if different from applicant's): _____
Employer: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Father's/Guardian's Name: _____ Home Phone: _____
Address (if different from applicant's): _____
Employer: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Please circle the program that you would like to attend:

- Full-time: Monday-Friday: 9am-5pm \$225.00 per week**
- Part time: Monday-Friday – 20 hours \$150.00 per week**
- Designate days/times either 9:00-5:00, 9:00-1:00 or 1:00-5:00**

Early Drop off: 8-9am \$9.00 per day

Payments may be made at the beginning of each week or each month. STRIVE accepts personal checks, as well as MasterCard, Visa, and Discover.

Does the student have a Case Manager? Yes _____ No _____

If yes:

Name: _____ Organization: _____

Phone Number: _____ Email: _____

Student Information:

Please complete the following section as thoroughly as possible. This information will enable us to plan a safe and successful experience for the students. *Please check all that apply.*

ADD__	Autism__	Diabetes__	PDD__
ADHD__	Bi Polar__	Dual Diagnosis__	Quadriplegic__
Asthma__	Blind__	Down Syndrome__	Scoliosis__
Apraxia__	Brain Injury__	Intellectual Disability__	Seizure Disorder__
Arthritis__	Cerebral Palsy__	OCD__	Spina Bifida__
Aspergers__	Deaf__	Paraplegics__	

Please circle all that apply:

Uses Wheelchair	Y N	Has seizures	Y N	Has Catheter	Y N
Uses Walker	Y N	Takes Medication	Y N	Loose Stool	Y N
Wears Braces	Y N	Wears Contact Lenses	Y N	Wears Helmet	Y N
Uses Crutches	Y N	Incontinence	Y N	Has Shunt	Y N
Has Allergies,	Y N	Has special diet	Y N	Chair Repositioning	Y N

Please describe

Comments:

Communication:

How does the student communicate? Please note any special signs or gestures if applicable.

Does the student have behavioral outbursts? **Y N** If so please explain:

Does the student have a history of fighting with peers? **Y N** If so please explain:

Does the student exhibit aggressive/confrontational behavior (i.e. bullying, antagonizing, name calling etc.)? If so please explain:

Socialization:

What are the student's strengths, abilities, and talents?

What kind of social outlets, if any, does the student have?

Please describe any difficulties that a student may have. Please be as specific as possible.

Educational:

Does the student like to work independently or in groups?

What academic classes is student interested in?

How does the student feel about attending the Next STEP Program?

Please return completed application to STRIVE.

After application has been reviewed, STRIVE will contact individuals for an enrollment interview.

STRIVE

Attn: Betsy Morrison, STRIVE Program Director

28 Foden Road

South Portland, ME 04106

bmorrison@pslservices.org