

**PATHWAYS TO LIFE**  
**Summer Transition Program - June 2023**  
*Program Application*

To Teachers and Parents/Guardian of Deaf/Hard-of-Hearing student/child, please guide your student/child in completing the initial application found online at <https://msad.msa.state.mn.us/academics/summer-transition-program> and return as soon as possible (deadline: March 17, 2023) to:

*If mailing paper copies, use this mailing address:*

Pathways to Life Summer Transition Program  
Attn: Mark Schwartz  
Minnesota State Academy for the Deaf  
615 Olof Hanson Drive  
Faribault, Minnesota 55021

*If submitting electronically via attachment*

[PathwaysToLife@msa.state.mn.us](mailto:PathwaysToLife@msa.state.mn.us)

Note to Google Doc users do a File > "Download" for you to create a new copy for you to fill in information.

Note: online web application is available - <https://forms.office.com/r/Sbbmf9fSbR>

## Initial Application Form

Student/Child Name:

School:

Teacher:

Date:

Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Student IEP/ESY:  Yes  No

### **To be completed by student/child:**

1. Please describe any work experiences that you have had in the past.
  
2. What are your strengths? What are some of the things you want to work on during this program?
  
3. Please list any other specific information that you want to share (preferences, needs, accommodations, etc.):
  
4. Please list any physical, medical, or dietary restrictions that you have:
  
5. Do you have a Minnesota State ID or Driver's Permit/License?
  - Minnesota State ID
  - Driver's Permit
  - Driver's License
  - I don't have anything yet.
  
6. What is your primary mode of communication?
  - American Sign Language (ASL)
  - Spoken English
  - Tactile Sign Language
  - Other:
  
7. Do you use an ASL/English interpreter?
  - Yes, often
  - Yes, but limited experience
  - No
  
8. Please check any of the following items that you use in your classes and/or daily living.
  - Hearing Aid(s)
  - Cochlear Implant(s)
  - Prescription Glasses
  - FM System

- Ambulatory supports (walker, cane, etc)

**To be completed by Parents/Guardians (Teacher may provide assistance if needed):**

1. What are your goals for your child? What do you want them to learn during this program?

2. What do you think your child's strengths are?

3. What is your primary/general mode of communication?

- American Sign Language (ASL)
- Spoken English
- Tactile Sign Language
- Other:

4. Please attach copies of the following documents:

- Student's full IEP, including Transition Plan.  
*ESY services related to transition must be indicated in this IEP*  
*For more resources on ESY, visit: <https://www.msa.state.mn.us/1/Content2/esy-resources>*
- Most recent 3-year evaluation report
- Behavior Intervention Plan (if applicable)

*Additional information will be requested in the Application Packet #2 if your student is accepted into the program. A letter will be sent in March regarding this decision.*

5. What is the best way to communicate with you if we have follow-up questions?

- Phone, Videophone, or Text Number(s) (indicate the best number to reach you)  
Phone: \_\_\_\_\_  
Video Phone: \_\_\_\_\_  
Text Number: \_\_\_\_\_
- E-mail (document your email address)  
Email: \_\_\_\_\_
- Through my student's teacher or case manager (document a phone number or e-mail address to use)  
Teacher/Case Manager Phone: \_\_\_\_\_  
Teacher/Case Manager Email: \_\_\_\_\_
- Other:

**To be completed by the student's Teacher, Parent/Guardian and/or Case Manager:**

1. Please write a short statement regarding your student/child and why you think they should be accepted into this program. Include details about the student's/child's commitment, attendance, and transition-related needs.

2. Please summarize your student's/child's language skills (reading, writing, spoken English, American Sign Language).