



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](https://www.csulb.edu/bmac-autism-services/life-project)

Summer LIFE @ The Beach application requirements for all applicants:

- Fully completed and signed application, including Primary Support Person (i.e. a parent/guardian) statement and questionnaire, and Release of Information (ROI) form
- Psycho-educational report and/or supporting disability documentation
- One letter of character reference
- Latest IEP (most recent, if applicable for first year students)
- Student photo
- Interview (Zoom or in-person), to be held in May/June 2023

Please submit application materials to: LIFEproject@csulb.edu

If sending materials via fax/mail:
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 Deadline: Friday, June 7, 2024

Questions?

Please contact (562) 985-5401 or email LIFEproject@csulb.edu.



Summer LIFE @ The Beach Application for Admission

Applicants are carefully screened for admission. **Please take the time necessary to complete this application accurately and completely.**

Today's Date _____ CSULB Student ID # _____
Month/Day/Year

APPLICANT (STUDENT) INFORMATION

Legal Name _____
First Middle Last

Preferred Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Primary Email Address _____

Date of Birth _____ / _____ / _____ Current Age _____
Month Day Year

Gender Identity _____ Pronouns _____

T-Shirt Size (Unisex) _____

ETHNICITY (optional)

Race/ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Do you identify as one of the following: Latinx, Latino/a, Hispanic ? Yes No

If you do not identify with the above statement, please select one or more of the following categories:

- Asian Native Hawaiian or Other Pacific Islander Black or African American
 American Indian or Alaska Native White

PRIMARY SUPPORT PERSON - CONTACT INFORMATION (Guardian(s) with whom the student resides)

Primary Support Person

First Name _____

Last Name _____

Address _____

City, State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Relationship to Student _____

Secondary Support Person (if applicable)

First Name _____

Last Name _____

Address _____

City, State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Relationship to Student _____

Primary Contact Person (from above): _____

Additional Support Person Information (if applicable)

First Name _____

Last Name _____

Address _____

City, State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Relationship to Student _____

(continued)

In case of emergency/evacuation, what guidance do you need BMAC to know to best support you?

EDUCATIONAL CONSULTANT INFORMATION (If applicable)

An educational consultant is an individual who has working knowledge of both federal and state laws relating to educational access for students with disabilities and assists with the development and facilitation of customized education programs.

Name _____
FirstLast

Company/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Note: BMAC may contact the educational consultant listed above for information regarding the admissions process. Please complete attached ROI form at the end of this application.

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 _____

COUNSELOR/THERAPIST INFORMATION (if applicable)

Please list all counselors and therapists who have seen the applicant in the last seven (7) years.

Name _____
 First *Last*

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Age(s) Seen _____ Nature of Service: _____

Previous Counselor/Therapist Information

Name _____
 First *Last*

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Age(s) Seen _____ Nature of Service: _____

Previous Counselor/Therapist Information

Name _____
 First *Last*

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Age(s) Seen _____ Nature of Service: _____

Note: BMAC may contact the counselor(s)/therapist(s) listed above for information regarding the admissions process. Please complete attached ROI form at the end of this application.

MEDICAL/DISABILITY INFORMATION

List your specific medical/disability diagnoses:

List any medical conditions:

Have you ever been hospitalized for psychological reasons? Yes No

If yes, please give date(s) _____

Reason for hospitalization(s):

Do you take any medication? Yes No

If yes, please list:

Medication Name	Dosage	How is it taken?	Schedule & Indications	Comments/Side Effects

(continued)

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
 - Find employment
 - Other (please list): _____

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:

7. Is there anything else you wish us to know? (If not, you can leave the following blank):

A large, empty rectangular box with a black border, intended for the respondent to provide additional information or comments.

PRIMARY SUPPORT PERSON STATEMENT

To be completed by the primary support person (like a parent or legal guardian). Please answer all questions

1. List three goals you would like your student to achieve while attending summer bridge:

1) _____

2) _____

3) _____

2. Please explain any special considerations that CSULB should be aware of regarding your student, i.e., personal habits; sensory issues; behavioral difficulties; suicidal thoughts, gestures, or attempts; medical conditions; anger management issues; use of illegal substances; and/or the potential for or history of self-harm, violence to others and/or property (attach additional sheets, if necessary):

3. Please explain your student's internet and computer habits. How much time daily is spent using electronic devices?

PRIMARY SUPPORT PERSON QUESTIONNAIRE

This to be completed by the primary support person (i.e., parent or legal guardian). This questionnaire helps us prepare for the stay, so there are no wrong answers. For each of the following questions, please check the statement that BEST describes your student in the space provided.

INDEPENDENT LIVING

_____ **1. Please rate the student's experience living away from home (summer camp, residential program, etc.):**

- A. Has lived away from home for more than 3 months successfully on their own.
- B. Has lived away from home for more than 3 months but had regular residential support.
- C. Has experience living away from home only a few weeks at a time and will need support and regular check-ins.
- D. Has never lived away from home before.

_____ **2. Which best describes how the student maintains their own space/bedroom?**

- A. Neat and does not feel anxiety if something is out of order.
- B. Neat, but does feel anxiety if something is out of order.
- C. Messy and has help from parent/advisor regularly to clean space.
- D. Messy and always keeps the space this way.

_____ **3. What assistance does the student need when cooking?**

- A. Can cook a well-balanced meal on their own and can follow a moderately difficult recipe.
- B. Has basic cooking skills but will need assistance in following recipes and with preparing a full, well-balanced meal.
- C. Has never cooked before so they will need regular assistance.

_____ **4. Rate the student's laundry experience:**

- A. Can load washer and dryer correctly, use proper settings, fold and put laundry away with no assistance.
- B. Can perform tasks listed in A, above, but needs some assistance.
- C. Has done laundry a few times on their own, but needs regular assistance.
- D. Has never done their own laundry.

_____ **5. Rate the student's showering, grooming, and dressing habits:**

- A. Always manages these tasks independently with no help.
- B. Occasionally needs a prompt, but most of the time handles these tasks on their own.
- C. Occasionally needs a prompt and sometimes resists taking care of these tasks.
- D. Regularly needs a prompt and assistance.

_____ **6. Which of the following best describes the student's morning wake-up routines?**

- A. Regularly sets own alarm and gets up on time.
- B. Hits snooze, but is usually out the door on time.
- C. Is usually running late.
- D. Needs extensive prompts to get out of bed.

_____ **7. Rate the student's driving background:**

- A. Has their own license and a clean driving record for at least a year.
- B. Just passed the driver's test or has a permit.
- C. Is interested in learning.
- D. Not yet ready for this step or may not obtain due to safety issues.

_____ **8. Rate the student's experience with public transportation (bus, taxi, subway):**

- A. Has used it regularly on their own and is confident finding their way around.
- B. Has used it before, but not on their own.
- C. Has used it before, but did not have a positive experience and felt anxious.
- D. Has not used it before.

SOCIAL SKILLS SECTION

_____ **8. Has the student maintained friendships/relationships with people in the same group (not on the internet)?**

- A. They have several friends and meet with them regularly for social activities.
- B. They have a couple of friends at school, but do not see them regularly outside of school.
- C. They perceive others as friends, but the friendships are not reciprocated.
- D. They prefer to be alone and stay to themselves.

_____ **9. Rate the level of social activities the student engages in with friends outside of school (going to movies, shopping, dances, clubs, etc.):**

- A. Engages in several activities a week.
- B. Engages in at least one activity each week.
- C. May engage in an activity monthly.
- D. Rarely will engage in social activities.

_____ **10. How often does the student understand the perspective of others?**

- A. All of the time.
- B. Most of the time.
- C. Occasionally.
- D. Never.

ACADEMIC/VOCATIONAL SECTION

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

- A. Knows exactly what degree or career they want.
- B. Would like to go to college, but is not sure of a major or degree.
- C. Is not sure about college, but would like to try it out.
- D. Is not quite ready for college at this time, but would like to try it in the future.
- E. 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:

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

- A. Totally independent and has succeeded in the past with organizing their own assignments and managing their own time.
- B. Needs small amounts of assistance in getting started or in organizing their time, but once they get going, can work independently.
- C. Needs moderate assistance to organize their academic work and is more successful when checking in with someone on a regular basis.
- D. 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:**

- A. Feels very comfortable speaking with and seeking assistance from their teacher or supervisor and has formed close relationships in the past.
- B. Seeks assistance/clarification from the teacher or supervisor, but tends to shy away from regular contact.
- C. Sought assistance/clarification in the past, but did need encouragement from a tutor or a parent to follow through.
- D. 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 has not been an issue again.
- C. Yes, one or two years ago, but it has not been an issue again.
- D. Yes, within the last year.

CLINICAL SECTION

_____ **17. Rate the student's understanding and acceptance of their psychological diagnosis, if applicable:**

- A. Clearly knows and understands diagnosis.
- B. Accepts diagnosis and has expressed an interest in learning more.
- C. Accepts diagnosis, but does not clearly understand what it means.
- D. Has not fully accepted the diagnosis and feels it is best to not discuss it.

_____ **18. How often does the student attend clinical therapy?**

- A. Never.
- B. Sometimes – when needed.
- C. Regularly – biweekly or monthly.
- D. Frequently – weekly or more than once a week.

_____ **19. Rate the student's present level of emotional and behavioral stability:**

- A. Has always been stable.
- B. Has been stable the last three years.
- C. Has been stable the last year.
- D. Is not presently stable.

_____ **20. Has the student ever had difficulty controlling their anger or anxiety so that they broke things or maybe lost their temper with people?**

- A. No.
- B. Yes, over three years ago, but it has not been an issue again.
- C. Yes, within the last three years, but it has not been an issue again.
- D. Yes, more than once.

If D, please explain:

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 _____ Date _____

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: _____

Relationship to Contact: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____

Consent to Release Information Form

Student Name: _____

Campus ID #: _____ Birthdate: _____

This **Consent to Release Information** authorizes information from my records to be shared between the Bob Murphy Access Center (BMAC) and the emergency contact person(s) listed on Page 1 of this document (*Student and Emergency Contact Information Form*).

I hereby authorize BMAC permission to share the following information: (*Student initials below*)

- _____ Letter of Disability Verification as a Registered BMAC Student
- _____ Letter of Approved Accommodations/Services
- _____ Disability Documentation (*i.e. medical or psychological*)
- _____ Learning Disability Assessments/Results (*WAIS IV, WJ IV, WRAT-4, Nelson Denny*)
- _____ Counseling Consultation (*i.e. CSULB departments, CAPS, therapist, doctor, etc.*)
- _____ Parent Consultation (*communication with parent, legal guardian, or other*)
- _____ Specify/Other:

Check box: via **Fax** _____ via **Email** _____ via **Phone** _____ via **Office Pick-up** _____

This consent may be revoked by the undersigned at any time, except to the extent that action to obtain information has already been taken. If not earlier revoked, this consent shall terminate *one year* from the date of the student's signature. Students have the right to receive a copy of this release.

Student's Signature

Date

BMAC Staff Signature & Title

Date