



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 disorder (ASD), Asperger Syndrome, or other neurodiverse abilities. During this program, students will learn about campus programs and resources, will 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](#)

Summer LIFE @ The Beach application requirements for all applicants:

- Fully completed and signed application, including Legal Guardian statement and questionnaire, and Release of Information (ROI) form
- Psycho-educational report and/or supporting disability documentation
- Two letters of character reference
- Latest IEP (most recent, if applicable)
- Student photo
- **Optional:** Student portfolio/personal statement
- Interview (Zoom or in-person), to be held in May/June 2022

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, May 20th, 2022

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

Month/Day/Year

CSULB Student ID #

APPLICANT (STUDENT) INFORMATION

Legal Name

First

Middle

Last

Preferred Name

Address

City

State

Zip

Home Phone

Cell Phone

Primary Email Address

Date of Birth

Month

Day

Year

Current Age

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.

Are you Hispanic or Latino/a? Yes No

If you are not Hispanic or Latino/a, 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

(continued)

GUARDIAN INFORMATION (Guardian(s) with whom the student resides)

Guardian #1

First Name

Last Name

Address

City, State

Zip Code

Home Phone

Cell Phone

Work Phone

Email Address

Relationship to Student

Guardian #2 (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 Guardian Information (if applicable)

First Name

Last Name

Address

City, State

Zip Code

Home Phone

Cell Phone

Work Phone

Email Address

Relationship to Student

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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

First

Last

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.

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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):

LEGAL GUARDIAN QUESTIONNAIRE

To be completed by the legal guardian. For each of the following questions, please write the letter of the answer 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



California State University, Long Beach - Bob Murphy Access Center

1250 Bellflower Boulevard, SSC-110, Long Beach, CA 90804-0108

Office: (562) 985-5401 | Fax: (562) 985-7183 | Email: bmac@csulb.edu

Consent to Release Information

Student Name:

Birthdate:

ID#:

Select one: Any BMAC Staff BMAC Staff Member (specify):

This **Consent to Release Information** authorizes information from my records to be shared between the Bob Murphy Access Center (BMAC) and/or the specified BMAC staff member listed above and the following person, department, agency, and/or school:

Self or Contact Person/Staff	Department, Agency, or School <i>(if applicable)</i>		
Address	City	State	Zip
Phone	Fax and/or Email		

I hereby authorize BMAC and/or the contact listed above, 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

A photo or digital copy, scan or fax of this authorization shall be considered valid.