

Legacy Week Application Form – Summer 2025

Thank you for applying to **Legacy Week**—an opportunity designed to empower growth, foster connection, and provide lasting experiences. To ensure we can create the best possible experience for each participant, we ask that you complete the following application. Your insights will help us understand the participant’s needs, strengths, and goals, ensuring we offer tailored support that makes the week truly transformative.

Participant Information

Please provide details about the participant so we can ensure the experience is tailored to their individual needs.

Full Name: _____

Date of Birth: _____

Age: _____

Cohort Selection

(Choose one)

☐ Cohort One (Ages 14–21)

☐ Cohort Two (Ages 22–40)

Primary Contact Information

(Name, Phone, Email): _____

Secondary Contact Information

(if applicable): _____

Participant Background

Understanding the participant’s background and needs is crucial for ensuring their success during Legacy Week. Please help us by sharing information about their previous experiences and any areas where they may need support.

Has the participant participated in similar programs before?

(Select all that apply)

☐ Camps

☐ Therapy services

☐ School programs



- ☐ Group activities
- ☐ Other (please specify): _____

What challenges does the participant typically face in new environments?

(Select all that apply)

- ☐ Difficulty with communication
- ☐ Sensory sensitivities (e.g., to sound, light)
- ☐ Trouble adjusting to new routines
- ☐ Difficulty with social interactions
- ☐ Other (please specify): _____

What are the participant's preferred methods of communication?

(Select all that apply)

- ☐ Verbal
- ☐ Sign language
- ☐ Written communication
- ☐ Visual supports (e.g., pictures, symbols)
- ☐ Other (please specify): _____

Please share any previous strategies that have been helpful for the participant when adjusting to new environments:

(Select all that apply)

- ☐ Visual schedules
- ☐ Pre-activity preparation
- ☐ Sensory breaks
- ☐ One-on-one support
- ☐ Other (please specify): _____

Does the participant have any sensory sensitivities (e.g., to sound, light, touch)?

- ☐ Yes (please specify): _____
- ☐ No

What are the participant's strengths or talents?

(Select all that apply)

- ☐ Art
- ☐ Problem-solving
- ☐ Leadership
- ☐ Music
- ☐ Physical activities
- ☐ Other (please specify): _____

Family/Guardian Insight

Your perspective is invaluable as we design the experience for your participant. Please share more about their needs and goals for Legacy Week:

What are your main goals for the participant during Legacy Week?

(Select all that apply)

- ☐ Building confidence
- ☐ Exploring career paths
- ☐ Making new friends
- ☐ Developing social skills
- ☐ Learning life skills (e.g., self-advocacy, time management)
- ☐ Other (please specify): _____

How does the participant typically respond to change or transitions?

(Select all that apply)

- ☐ Easily adjusts with minimal support
- ☐ Needs additional time or support to adjust
- ☐ May become upset or anxious during transitions
- ☐ Other (please specify): _____

What support or resources would be most helpful for you as a caregiver during Legacy Week?

(Select all that apply)

- ☐ Regular updates on participant's progress
- ☐ Communication with staff
- ☐ Respite options (e.g., breaks for caregivers)
- ☐ Family engagement sessions
- ☐ Other (please specify): _____

Would you like to be involved in any capacity during Legacy Week?

(Select all that apply)

- ☐ Volunteering
- ☐ Attending family sessions or events
- ☐ Participating in the closing celebration
- ☐ Other (please specify): _____

Participant's Health, Medication, and Safety Needs

We want to ensure that every participant's health and safety are carefully managed. Please provide as much information as possible to help us make accommodation that will allow the participant to thrive in a supportive, safe environment.

Does the participant take any medications regularly?

- ☐ Yes
- ☐ No

If yes, please list the medications, dosage, and schedule:

(Include any specific instructions for administration) _____

Does the participant require assistance with medication administration?

☐ Yes (please specify the medication(s) and administration needs) _____

☐ No

Does the participant have any medication allergies or sensitivities?

☐ Yes (please list) _____

☐ No

Does the participant have a chronic medical condition (e.g., epilepsy, diabetes, asthma)?

☐ Yes (please specify condition and any special considerations) _____

☐ No

Has the participant had any recent hospitalizations or surgeries that may affect their participation in physical activities or daily activities?

☐ Yes (please explain) _____

☐ No

Does the participant have a seizure disorder or other medical conditions that could require emergency intervention?

☐ Yes (please describe protocols or emergency response) _____

☐ No

Does the participant require one-on-one support or supervision?

☐ Yes (please specify the type of support) _____

☐ No

Does the participant require assistance with daily living activities (e.g., dressing, eating, hygiene)?

☐ Yes (please specify) _____

☐ No

Does the participant require help during meals?

☐ Yes (please specify) _____

☐ No

Behavioral Considerations and Safety

To ensure the safety and success of every participant, we ask about behavioral considerations, any medical conditions that may need special attention, and emergency protocols.

Does the participant experience any significant behavioral challenges that we should be aware of?

☐ Yes (please describe) _____

☐ No

Has the participant ever exhibited aggressive behaviors (e.g., hitting, biting, kicking)?

- ☐ Yes (please explain triggers and de-escalation strategies) _____
- ☐ No

How does the participant typically respond to frustration or stress?

- ☐ Becomes anxious or withdrawn
- ☐ Exhibits emotional outbursts
- ☐ Engages in physical aggression
- ☐ Other (please specify): _____

What strategies are effective in calming the participant during stressful or overwhelming situations?

- ☐ Deep breathing exercises
- ☐ Physical support (e.g., holding hands, quiet room)
- ☐ Sensory breaks
- ☐ Other (please specify): _____

Are there any specific triggers that should be avoided to prevent behavioral or emotional challenges?

- ☐ Yes (please list triggers) _____
- ☐ No

Mobility and Physical Abilities

Understanding the participant's physical limitations or need for mobility support is essential to ensure safety and participation in activities.

Does the participant require assistance with mobility (e.g., wheelchair, walker)?

- ☐ Yes (please specify the type of assistance needed) _____
- ☐ No

Can the participant walk independently?

- ☐ Yes
- ☐ No
- ☐ Sometimes (please describe) _____

Are there any physical activities the participant should avoid due to health or safety concerns?

- ☐ Yes (please explain) _____
- ☐ No

Does the participant experience difficulty with coordination or balance?

- ☐ Yes (please explain) _____
- ☐ No

Liability and Consent

By submitting this application, I acknowledge that the Legacy Week staff will take all necessary precautions to ensure the safety and well-being of participants. However, I understand that inherent risks are associated with physical activities and group settings, and I accept these risks on behalf of my child/participant.

☐ Yes

☐ No

I give my consent for my child/participant to participate in all activities described in the Legacy Week program, including but not limited to physical activities, social engagement, and skill-building opportunities.

☐ Yes

☐ No

I grant permission for my child/participant to be photographed and/or videotaped during Legacy Week, and for their image to be used in promotional materials, including but not limited to social media, websites, and printed materials.

☐ Yes

☐ No

Additional Information

To ensure we are fully prepared, please share any further details that may help us provide the best possible experience for the participant.

Are there any concerns or specific things we should be aware of to ensure the participant's safety, comfort, and success during the week?

☐ Yes (please specify): _____

☐ No

Is there anything else you would like us to know about the participant that hasn't been covered in this application?

☐ Yes (please specify): _____

☐ No

Contribution and Scholarship Information

Legacy Week is committed to making this transformative experience accessible. While we offer scholarships, we kindly ask that families contribute to ensure active participation and engagement. Please select the option that best fits your family's situation:

☐ Full Contribution: \$




☐ Partial Contribution: \$

☐ Scholarship Request (Please submit application for financial assistance)



Agreement and Signature

By submitting this application, I acknowledge that:

-  I understand the importance of the participant's active engagement throughout Legacy Week.
-  I agree with the participation fee, or if applying for a scholarship, I understand that the scholarship will be applied based on availability and financial need.
-  I confirm that all the information provided in this application is accurate to the best of my knowledge.

Signature: _____

Date: _____

Submit Application

