



Dear Prospective Student and Family:

We are pleased you are interested in The Horizons School. We offer an exciting educational opportunity for college-age students who are ready to learn about and experience the world of adult independence.

As you may already know, The Horizons School is a non-degree transition program with a customized curriculum for students age 18 to 26 years old with specific learning disabilities and other mild learning problems. We offer a two year core curriculum and a one year community transition program culminating in a Certificate of Program Completion. The purpose of our program is to provide a safe and nurturing environment that supports each student's goal of becoming a vital and contributing member of the community.

### **CORE CURRICULUM**

Students participate in a specialized Core Curriculum developed to address the very real competencies of the adult world. The first two years of the program students live in an apartment community and take classes in personal, social and career independence. Learning activities are personalized within classes and adapted to students' strengths and challenges. Life competencies such as decision-making, communicating, and self-managing provide the foundation for class activities.

### **COMMUNITY TRANSITION**

The third year of programming offers students the opportunity to live in the Birmingham area and work while retaining student status and program support. Students receive on-site support services for life skills and employment, classes in money management and job maintenance, and individual advising sessions. Students have evening seminars and leisure activities as well as access to daily support from professionals as they progress to their optimal levels of independence.

### **CAREER DEVELOPMENT**

Students explore 15 different career clusters through classes, field trips, independent readings, and interviews. They also experience service learning projects, volunteer work, job shadowing, and on-the-job training internships. Our Career Coordinator works with each student to choose an internship placement and with job site supervisors to develop specific job skills and general work behaviors. Birmingham area businesses and agencies offer a variety of field placement opportunities.

### **CAMPUS LIFE**

Students live in University Place Apartments. The school provides resident assistants for Horizons students who live in the apartment complex. Students are eligible and encouraged to participate in student life programs that may include such activities as concerts, sports, or cultural events.



APPLICATION PROCEDURES:

Thank you for your interest in The Horizons School.

The following required documents need to be sent to our office to complete your admissions file.

The chart is for your convenience to use when compiling the information.

REQUIRED DOCUMENT	COMPLETED	DATE SENT
<p><b>Application</b> To be completed by a parent or guardian</p>		
<p><b>Medical Information</b> To be completed by a parent or guardian and signed by student's physician</p>		
<p><b>Student Questionnaire</b> To be completed by the applicant</p>		
<p><b>Three Recommendation Forms</b> To be completed by people in the following fields who have known the applicant for at least 6 months</p> <ol style="list-style-type: none"> <li>1. Educator - teacher, counselor, principal, etc.</li> <li>2. Employer/work supervisor</li> <li>3. Family friend, psychologist, physician, personal counselor, social worker, etc.</li> </ol>		
<p><b>*High school records and *Postsecondary program records if applicable</b> Please include the most current educational evaluation, including grade level and standard scores.</p>		
<p><b>*Intellectual assessment and *Psychological report *Report from psychiatrist, psychologist, or licensed counselor</b> Intellectual reports must be no more than 3 years old. All psychological and/or psychiatric reports are required.</p>		

\*Failure to disclose documents may result in termination from program.

After receipt of the required documents, the applicant and family will come to campus for a personal interview. No interview will be scheduled until **all** required documents have been received.

If you have any questions about the program, application materials, or procedures please contact Marie McElheny at 1-(800) 822-6242 or 1-(205) 322-6606.

## THE HORIZONS SCHOOL APPLICATION

Applicant's Parent(s)/Guardian to complete the following form.  
PLEASE TYPE OR PRINT LEGIBLY.

### STUDENT INFORMATION

FULL NAME:	
ADDRESS:	
SOCIAL SECURITY NUMBER:	
TELEPHONE NUMBER:	DATE OF BIRTH:
RELIGIOUS AFFILIATION*:	SEX*: ____ MALE ____ FEMALE
RACE*: ____ WHITE, NON-HISPANIC ____ BLACK, NON-HISPANIC ____ HISPANIC ____ ASIAN ____ NATIVE AMERICAN ____ NATIVE LANGUAGE ____ IF NOT ENGLISH	CITIZENSHIP: ____ U.S. ____ OTHER (SPECIFY)  IF APPLICANT IS NOT A U.S. CITIZEN, DOES HE/SHE HOLD A PERMANENT RESIDENT (GREEN CARD) IMMIGRATION STATUS? ____
REFERRED BY:	

\*Provision of this information is not mandatory; it is used to assure record accuracy. Its use is in the storage, retrieval, and reporting of information. Failure to provide this information will in no way affect your admission. The recruiting and admitting practices of this institution are in keeping with federal guidelines concerning race, sex, handicap, religion, creed and national origin.

### PARENT INFORMATION

FATHER'S NAME:	MOTHER'S NAME:
ADDRESS:	ADDRESS:
HOME TELEPHONE:	HOME TELEPHONE:
OCCUPATION:	OCCUPATION:
PLACE OF EMPLOYMENT:	PLACE OF EMPLOYMENT:
ADDRESS:	ADDRESS:
WORK TELEPHONE:	WORK TELEPHONE:
FAX:	FAX:
EMAIL:	EMAIL:
CELL:	CELL:

Name the person who is responsible for payment of tuition and fees.

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If different from names listed above, please give mailing address.

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Please list names and ages of all siblings.

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List all schools and programs the student has attended starting with high school.

SCHOOL	ADDRESS	DATES ATTENDED

Recommendation forms will be sent to the Horizons School office from the following people: (Please type or print legibly.)

NAME	TITLE	ADDRESS

Horizons students are enrolled on a full-time, residential basis only.  
Please complete the following section concerning the applicant's past living and academic experiences.

STUDENT PROFILE:

1. Special accommodation needs for self care or mobility:

Physical limitations:

2. Anticipated living adjustment difficulties:

Has student lived away from home?

Describe:

3. Compensations for personal learning differences:

4. Academic strengths:

5. Academic challenges/weaknesses:

6. Strategies for approaching new tasks, people, and activities:

Has the student ever been under the care of a psychiatrist, psychologist or licensed counselor? \_\_\_yes \_\_\_no If yes, a written report from that professional is required.

PERSONAL MANAGEMENT:

1. Home responsibilities:
2. Money Management:  
Income sources: (allowance, job, etc.)

Spending responsibilities:

Management system (who monitors and how):

3. Transportation: Automobile:  
Does the student drive?

Responsibilities for the vehicle:

Difficulties with maintenance or operation of vehicle:

Public transportation:  
Access and management:

Please complete the following section in relation to the applicant's typical behavior at school, at home or during leisure activities and on the job. The recommendation writers will also complete this section to thoroughly describe the applicant.

BEHAVIOR	GOOD	FAIR	POOR
a. Initiative			
b. Motivation			
c. Reliability			
d. Perseverance			
e. Independence			
f. Decision-making			
g. Actions in an emergency or crisis			
h. Coping with stress			
i. Adjustment to new situations, people, routines			
j. Organization			
k. Communication			
l. Relations with other mildly handicapped peers			
m. Relations with non-handicapped peers			
n. Relations with parents			
o. Relations with siblings			
p. Relations with friends			
q. Relations with teachers, administrators, or supervisors			
r. Relations with other employees			

Please comment if the applicant's behavior is different at school, at home, during leisure activities and/or on the job.

Signature:  
 Mother/Father/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT QUESTIONNAIRE

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Why do you want to attend The Horizons School?

### HOME:

2. Have you ever lived away from home? \_\_\_\_\_ If so, when and where?
3. What was the easiest (best) part of living away from home?
4. What was the most difficult (worst) part of living away from home?
5. Do you have any responsibilities at home? \_\_\_\_\_ If so, what are they?

### SCHOOL:

6. What were your favorite subjects at school?

Why?

7. What subjects did you like least?

Why?

8. Check the items that apply to the way you learn/study best:

<input type="checkbox"/>	Alone
<input type="checkbox"/>	In a group
<input type="checkbox"/>	By reading the material myself
<input type="checkbox"/>	By rewriting/copying the material
<input type="checkbox"/>	With soft music or noise in the background
<input type="checkbox"/>	On the floor, my bed, or in a soft chair
<input type="checkbox"/>	With a friend
<input type="checkbox"/>	With an adult
<input type="checkbox"/>	By listening to someone tell me information first
<input type="checkbox"/>	In a totally quiet place
<input type="checkbox"/>	At a table or desk
<input type="checkbox"/>	Other (specify)

**WORK:**

9. Please list all jobs you have had. This may include any volunteer positions in which you were supervised.

JOB TITLE	COMPANY/ ORGANIZATION	DATES FROM – TO	REASON FOR TERMINATION	PAID OR VOLUNTEER

10. What were your responsibilities at your favorite job?

11. What about this job was difficult for you?

12. What kind of job would you like best?

13. What would you like to be doing 5 years from now?

**RECREATION/FREE TIME:**

14. What do you like to do in your spare time?

15. Do you have any hobbies or special interests? \_\_\_\_\_ What are they?

Do you play sports or exercise regularly? \_\_\_\_\_ If so, what?

16. How often do you do things with your friends?  
\_\_\_\_\_ once a month \_\_\_\_\_ once a week \_\_\_\_\_ several times a week

17. What kinds of things do you like to do with your friends?

18. What are your favorite TV shows?

19. Do you read for fun? \_\_\_\_\_ What have you read in the past month?

20. What music do you like best?

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL INFORMATION

STUDENT NAME \_\_\_\_\_

Please fill out this form and return to The Horizons School office. This information will be used for guidance in medical situations that may arise concerning your son/daughter.

### I. PLEASE LIST ALL MEDICATIONS YOUR STUDENT TAKES.

MEDICATION	DIAGNOSED CONDITION	DOSAGE & TIMES A DAY	SIDE EFFECTS

### II. ALLERGY (INCLUDE MEDICATIONS)

ALLERGY	SYMPTOMS	TREATMENT

### III. CHRONIC CONDITIONS

(seizures, migraine headaches, PMS, depression, bronchitis, asthma, etc.)

CONDITION	TREATMENT	SITUATIONS THAT MAY AGGRAVATE CONDITION (stress, diet, etc.)

IV. COMMON ILLNESSES  
(colds, flu, viruses, etc.)

ILLNESS	FREQUENCY	TREATMENT

V. OTHER

Please describe any illnesses/diseases/conditions not discussed above.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of physician \_\_\_\_\_ Date \_\_\_\_\_

Address/Phone number of  
physician \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECOMMENDATION FORM

\_\_\_\_\_ has applied for admission to The Horizons School. This is a uniquely designed non-degree, transition program that focuses on the personal needs and career goals of adults ages 18-26 who have been identified as having **specific learning disabilities and other mild learning problems**. The Horizons curricula focus on independent living, social, and vocational skills necessary for adult independence.

The following list reviews The Horizons School general admission criteria.

1. Ages 18-26
2. Functional literacy
3. Documented specific learning disability and/or other mild learning difficulty
4. High school diploma, GED or certificate of completion/attendance
5. Evidence of psychological maturity and stability
6. Capacity for supervised independent residential living
7. Capacity for work-related activities
8. Student interest in work/independent living program
9. Student management of medication and other health related issues
10. Parent/Guardian support

With the above information in mind, please answer the following questions to the best of your ability. Use additional pages if more writing space is needed. Please return the completed form to:

Marie McElheny  
The Horizons School  
2018 15<sup>th</sup> Avenue South  
Birmingham, AL 35205

Thank you.

Applicant's Name \_\_\_\_\_

NAME OF PERSON GIVING RECOMMENDATION:	
ORGANIZATION:	
TITLE:	TELEPHONE:
ADDRESS:	

How long have you known the applicant, and in what capacity?

Is it your opinion that the parents of this applicant will support the efforts of The Horizons School to enable the student to pursue maximum independence? Comments:

Are there any special accommodations the applicant needs for self care or mobility?

Are there any limitations that would prevent this applicant from being involved in physical activities essential to his/her vocational training goals? \_\_\_\_ Yes \_\_\_\_ No Comments:

How does the applicant compensate for personal learning differences?

Describe the applicant's strengths.

Describe the applicant's challenges/weaknesses.

What are the applicant's strategies for approaching new tasks, people, and activities?

Describe specific tasks you have observed the applicant perform successfully.

Please complete the following section in relation to your observation of the applicant's typical behavior. The applicant's parents have also completed this section.

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a. Initiative			
b. Motivation			
c. Reliability			
d. Perseverance			
e. Independence			
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g. Actions in an emergency or crisis			
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k. Communication			
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m. Relations to non-handicapped peers			
n. Relations with parents			
o. Relations with siblings			
p. Relations with friends			
q. Relations with teachers, administrators, or supervisors			
r. Relations with other employees			

Please comment if you have observed different or other behavior by the applicant. Be specific.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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