



[www.starbridgeinc.org/ties-program](http://www.starbridgeinc.org/ties-program)

## Participant Application

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

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name and E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name and E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Please list any activities in which your child has had previous involvement  
(e.g.: Community, Recreational, Extracurricular Programs, etc.):

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Please list the activities in which your child is interested in participating  
(e.g.: Boy/Girl Scouts, School of Religion, Sports, School-related Activities,  
Community/Recreational Programs, etc.):

Activity:	Day:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you need more information about the activities:      Yes      No

If yes, please list: \_\_\_\_\_

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For Office Use Only:    ☐ Evaluation    ☐ Thank You    ☐ \_\_\_\_\_

Match #: \_\_\_\_\_

**Please describe your child in the following areas:**

**Communication Skills** (How well is your child able to understand and follow verbal directions? Does he or she use other forms of communication, for example, sign language?) \_\_\_\_\_

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**Level of Independence** (What level of assistance would help your child feel successful?) \_\_\_\_\_

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**Please share with us any other information that would be helpful to your child's success in this program:** \_\_\_\_\_

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**How do you hope your child will benefit from this activity?** \_\_\_\_\_

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**Is your child enrolled in self-direction?** \_\_\_\_\_

**Would you like us to contact your child's teacher?**    Yes            No

**Teacher's Name:**

**Teacher's Phone #:**

**Parent's Signature:**

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Return to: Attn: Laura Kasprzak, Special Education  
Orchard Park Central School District  
2240 Southwestern Blvd.  
West Seneca, NY 14224

Questions: [Lkasprzak@opschools.org](mailto:Lkasprzak@opschools.org) or 716-574-7262