

**Return form to the TIES Coordinator, Erika Ange at erika\_ange@bcsd.org**

**TIES Participant Application**

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

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

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

**Parent/Guardian Contact Information**

**Parent/Guardian #1:**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2 (optional):**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please confirm the following:***
☑️ *I understand that by typing my name below, I am providing my electronic signature, which indicates my consent for my student to participate in the TIES program and verifies that the information in this application is correct.*

***Parent/Guardian Signature*** *(Type your full legal name) and date:*

**Previous Involvement**

Please list any activities your child has previously participated in (community, recreational, extracurricular, school-based, etc.):

**Interests & Activities**

Please list the activities your child is interested in participating in (e.g., Scouts, youth groups, sports, school clubs, arts programs, community/recreation programs, etc.):

**Activities:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Profile**

**Communication Skills:**
(How well does your child understand and follow verbal directions? Do they use other forms of communication such as sign language, a communication board, AAC device, or gestures?)

**Level of Independence:**
(What type or level of assistance will help your child feel most successful in activities?)

**Additional Information:**
(Please share anything else that would be helpful to ensure your child’s success in the TIES program.)

**Program Information**

Does your child have OPWDD eligibility? □ Yes □ No

If yes, is your child enrolled in Self-Direction? □ Yes □ No

Would you like us to contact your child’s teacher? □ Yes □ No

**Teacher’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Teacher’s Phone/Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_