

Student # _____

Which class would you like to drop from your proposed schedule? _____

Zemmer

DOB _____

LINKS APPLICATION

Applicant's Name: _____		
(Last)	(First)	(Current Grade)
Career Pathway Human Services? ___ Yes ___ No		Career Goal: _____
Parent/Guardian: _____		
(Last)	(First)	
Address: _____		
(Street)	(City)	(Zip)
Applicant's Telephone: _____		
(Home)	(Work)	(E-mail Address)

Overview:

Autism is the fastest growing disability in the USA. The Lapeer Community School System has seen a large growth in the number of students that have been identified with Autism Spectrum Disorder. By completing this application, you are indicating your desire to be considered for the LINKS class. If selected, you will be trained in methodology that has proven successful in working with autistic students, as well as information on Autism Spectrum Disorder. You will earn an elective credit. When your application is complete, please turn it in to the counseling office, and **schedule a personal interview time with Mr. Nowak.**

Student's Section:

1. Explain why you think you want to work with autistic students as a mentor/tutor/LINK:

2. What are your expectations, based on what you know about the LINKS program:

3. This program is conducted during regular school hours. This will require enrollment in the LINKS class. Which class would you like to drop from your proposed schedule?

Semester 1 _____ Semester 2 _____

Please Complete The Reverse Side Also

4. High School students involved in this program will need to be positive role models for the Autistic students they will be working with. Please rate your interests in the following areas:

Circle the Number That Best Describes Your Capabilities

	Low					High
Interest in Helping Students with disabilities	1	2	3	4	5	
Willing To Learn Mentoring Skills	1	2	3	4	5	
Willing To Learn New Leadership Skills	1	2	3	4	5	
Ability To Pass On Good Study and Social Skills	1	2	3	4	5	
Good math skills	1	2	3	4	5	
Knowledgeable in science	1	2	3	4	5	
Good writing skills	1	2	3	4	5	
Electives you have taken:	_____					

5. Teacher recommendation _____
Print Name Signature

6. Usually there will be slots available each hour of the day. You will need to work with your counselor/advisor in scheduling this class, as well as all of your classes. Be aware of required classes.

Applicant's Signature: _____ **Date:** _____

Parent/Legal Guardian's Signature:

I agree that this will be a beneficial experience for _____ and support his/her involvement.

Parent/Guardian's Signature: _____ **Date:** _____

Turn in your completed application to the counseling office, and schedule a time for a personal interview.