



TOMMY NOBIS  
CENTER®

Abilities at Work

THE ACADEMY  
at Tommy Nobis Center

Participant Application

# THE ACADEMY PARTICIPANT APPLICATION

## Application for Admission Procedure

Congratulations on your decision to apply to The Academy at Tommy Nobis Center. We are delighted that you are applying, and we look forward to reviewing your application for admissions. If you have any questions, please contact us via phone at 770-427-9000 or by email at [TheAcademy@TommyNoisCenter.org](mailto:TheAcademy@TommyNoisCenter.org) and we would be happy to help.

The Academy at Tommy Nobis Center is an Accelerated Vocational Training Program for highly motivated young adults who have a diagnosed disability. To determine eligibility for The Academy we require an application packet be completed for every person applying for services. Criteria has been identified to best serve students within the Academy. It is expected that each applicant will demonstrate the following minimal requirements:

- A young adult with a disability
- Ability to function independently for extended periods of time
- Personal behavioral and emotional control
- Desire and motivation to obtain employment
- Must be willing to self-pay tuition and/or engage with alternative financial support options

Please email [TheAcademy@TommyNobisCenter.org](mailto:TheAcademy@TommyNobisCenter.org) or call 770-427-9000 if you have any questions.

## Application Checklist

- Application
  - Applicant Information
  - Educational History
  - Applicant Questionnaire (To be answered by applicant)
  - Employment History (Attached resume/references, if applicable)
  - Personal Support Inventory (To be completed by parent/guardian)
  - Recommendation names and contact information
  - Consent and signatures
- Official High School Transcripts including:
  - Last IEP and any post-secondary program record including summary of performance, OR
  - Educational Evaluations conducted within the last 3 years, OR
  - Most recent Psychological/Behavioral Evaluation
- Three completed Recommendations by those who have known the applicant 1 year or longer representing the following: educational, vocational/employment, and/or personal
- Proof and acknowledgement of Guardianship signature page and document, if applicable

Note: **Not all applicants who complete the application will be accepted into The Academy.** A decision for the appropriateness of each applicant's participation will be based upon the review of information in the application, personal recommendations, and the completion of an in-person assessment.

To better assess the appropriateness for The Academy, Tommy Nobis Center reserves the right to contact the applicant, parent/guardian, and/or personal recommendations for additional information, if necessary, during the review of the application.

# APPLICANT INFORMATION



APPLICANT CONTACT INFORMATION		
Applicant's Full Name:	Nickname (if applicable):	
Date of Birth (MM/DD/YY):	Are you currently eligible to work in the United States?    Yes    No	
Primary Phone:	Secondary Phone:	
Email Address:		
Address:		
City:	State:	Zip code:
High School:	City, State:	
Applicant resides with:    Mother    Father    Both    Independent    Other:		
Does the applicant have a legal guardianship in place?    No    Yes, name of guardian:		
Do you have any criminal history which may impact employment?    No    Yes, please explain:		
PARENT   GUARDIAN CONTACT INFORMATION		
Contact 1:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Contact 2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Primary Phone:	Primary Phone:	
Secondary Phone:	Secondary Phone:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Email Address:	Email Address:	
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Primary Phone:	Secondary Phone:	
Address:	City, State, Zip:	
Email Address:		

# EDUCATIONAL HISTORY

SCHOOLS ATTENDED (Name, City, State)	Public/Private/ Other:	Calendar Years Attended	Reason for Leaving

Did applicant receive/will receive:      High School Diploma                  GED                  Certificate of Completion

Name of certificate received: \_\_\_\_\_ Date: \_\_\_\_\_

Participated in general education classes:      YES                  NO

If yes, list inclusive classes attended:

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Describe any accommodations used in general education classes. Were these used independently on a regular basis?  
(copies of notes, extended time, etc.)

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**To be answered by the applicant:**

1. What was the most challenging part of school (academically and/or socially)?

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2. What was the most enjoyable part of high school?

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3. Please list any clubs or teams in which you participated? Awards won? Offices held?

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# APPLICANT QUESTIONNAIRE

(To be answered by the applicant)

1. What do you hope to learn or do at The Academy that you did not in high school?

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2. What kind of job or career do you hope The Academy will prepare you for? Why?

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3. How did you hear about The Academy at Tommy Nobis Center?

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4. Why do you want to attend The Academy at Tommy Nobis Center?

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5. What do you like to do in your free time?

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# EMPLOYMENT HISTORY



Does applicant have prior work experience through paid employment, volunteer work, prior employment training and/or an internship?      YES      NO

If yes, what barriers or challenges did the applicant encounter in retaining employment?

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If applicable, please complete the following including paid/unpaid employment, school-based employment training and internships. Attach a resume and references if applicable. Please list from the most recent experience first.

Employment experience is NOT a requirement for admission.

PAID EMPLOYMENT / VOLUNTEER WORK / UNPAID INTERNSHIPS EMPLOYMENT	
Employer:	Phone:
Address:	Supervisor:
Job Title: <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid/Volunteer <input type="checkbox"/> Internship/School-based	How did you obtain the job?
Responsibilities:	
Dates of Employment:	Reason for Leaving:
Employer:	Phone:
Address:	Supervisor:
Job Title: <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid/Volunteer <input type="checkbox"/> Internship/School-based	How did you obtain the job?
Responsibilities:	
Dates of Employment:	Reason for Leaving:
Employer:	Phone:
Address:	Supervisor:
Job Title: <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid/Volunteer <input type="checkbox"/> Internship/School-based	How did you obtain the job?
Responsibilities:	
Dates of Employment:	Reason for Leaving:

# PERSONAL SUPPORT INVENTORY



To be completed by parent/guardian/support person (or by applicant if living independently)

Completed by: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

Please fill in the information below as completely and honestly as possible. This information gives a greater understanding of the applicant's support needs and is not a determining factor in acceptance to the program. **Check all boxes that apply.**

INDEPENDENT LIVING SKILLS	
Finds their way around a new environment	<input type="checkbox"/> Completely independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Has never had the opportunity
Follows a schedule independently	<input type="checkbox"/> Completely independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Has never had the opportunity
Maintains regular daily hygiene	<input type="checkbox"/> Completely independent <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Needs daily reminders
Asks for help, clarification	<input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations <input type="checkbox"/> Needs prompting
Copes well with stress	<input type="checkbox"/> Completely independent <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Needs assistance
Adjusts well to new environments	<input type="checkbox"/> Completely independent <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Needs assistance
Prefers to do things for himself/herself/themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Laundry	<input type="checkbox"/> Sorts <input type="checkbox"/> Operates washer <input type="checkbox"/> Operates dryer <input type="checkbox"/> Folds <input type="checkbox"/> Irons <input type="checkbox"/> Does not do laundry
Cooks	<input type="checkbox"/> Completely independent <input type="checkbox"/> Very basic (example: _____) <input type="checkbox"/> No
Has independently used transportation (Bus, Marta, Uber/Lift, etc.)	<input type="checkbox"/> Yes, alone <input type="checkbox"/> Yes, with adult/companion <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Sets appointments for himself/herself/themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>INDEPENDENT LIVING SKILLS (CONT.)</b>	
Has a driver's license	<input type="checkbox"/> Yes, drives independently <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Other: _____
What chores are the applicant responsible for at home?	
Is the applicant able to manage her/his/their own time?	<input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to class, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Is the applicant independently able to use:	<input type="checkbox"/> Laptop <input type="checkbox"/> Debit Card for purchases <input type="checkbox"/> Flash Drive <input type="checkbox"/> Cell Phone <input type="checkbox"/> ATM for cash and deposits <input type="checkbox"/> Email <input type="checkbox"/> Attach a document to an email <input type="checkbox"/> Printer

<b>SOCIAL SKILLS AND COMMUNICATION</b>	
Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age-appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with those who are older <input type="checkbox"/> Socializes with those who are younger
Deals with conflict	<input type="checkbox"/> Completely independent <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs much assistance
Distinguishes between friends and strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Orders and purchases from restaurant/store	<input type="checkbox"/> Yes <input type="checkbox"/> Needs assistance <input type="checkbox"/> No

<b>SOCIAL SKILLS AND COMMUNICATION (CONT.)</b>	
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Texting <input type="checkbox"/> Calendar/Planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Can provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Medical information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address
Uses email	<input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords <input type="checkbox"/> With assistance <input type="checkbox"/> Has email account but does not use <input type="checkbox"/> Does not have email
Maintains appropriate social behavior	<input type="checkbox"/> Independent in public situations <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs prompts
How does the applicant manage anger/anxiety?	
Is the applicant currently involved in activities that are specially created for individuals with disabilities?	<input type="checkbox"/> Yes, inclusive activities <input type="checkbox"/> Yes, only for persons with disabilities <input type="checkbox"/> No

<b>ACADEMIC SKILLS</b>	
Reading Skills	<input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Makes inferences <input type="checkbox"/> Approximate reading grade level: _____ <input type="checkbox"/> Title of last book read: _____
Math Skills	<input type="checkbox"/> Basic Addition, Subtraction, Multiplication & Division <input type="checkbox"/> Geometry/Advanced algebraic calculations/Statistics <input type="checkbox"/> Can independently use a calculator for assistance <input type="checkbox"/> Requires mathematical assistance

ACADEMIC SKILLS (CONT.)	
Financial Skills	<input type="checkbox"/> Manages a checking account <input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Stays within budget <input type="checkbox"/> Needs assistance handling/counting money
Computer skills	<input type="checkbox"/> Word processing <input type="checkbox"/> Internet searches <input type="checkbox"/> Remembers passwords <input type="checkbox"/> PowerPoint <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Requires assistance <input type="checkbox"/> Does not use the computer
Follows verbal directions	<input type="checkbox"/> Yes <input type="checkbox"/> With reminder <input type="checkbox"/> No
Follows written directions	<input type="checkbox"/> Yes <input type="checkbox"/> With reminder <input type="checkbox"/> No
Time Management	<input type="checkbox"/> Uses a calendar <input type="checkbox"/> On time <input type="checkbox"/> Makes appointments <input type="checkbox"/> Keeps a planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> Needs complete assistance
Study Habits	<input type="checkbox"/> Studies independently <input type="checkbox"/> Has a tutor <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires one-on-one assistance <input type="checkbox"/> Does not have homework
Note-taking	<input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes
Comprehension Skills	<input type="checkbox"/> Can retell a story <input type="checkbox"/> Can explain the plot of a story <input type="checkbox"/> Asks appropriate questions to complete a storyline
Tutor/Assistant	<input type="checkbox"/> No tutor or assistance required <input type="checkbox"/> At home tutor <input type="checkbox"/> Requires one-on-one assistance with work <input type="checkbox"/> Requires tutor to attend class with student
Writing Skills	<input type="checkbox"/> Able to write essays (multiple paragraphs) <input type="checkbox"/> Drafts, revises, and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Uses punctuation appropriately <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Uses technology for writing <input type="checkbox"/> Does not write

**ACADEMIC SKILLS (CONT.)**

Assistive Technology

- No assistive technologies
- iPad apps: \_\_\_\_\_
- Laptop
- Voice Recognition software
- Dragon Naturally Speaking
- OneNote
- Evernote
- Recording devices
- Google apps
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please feel free to provide any supporting documentation.

Please provide any additional information for consideration regarding the applicant. Include any relevant social, emotional, or education factors. We are looking for relevant information related to academics, social skills, independent functioning, and employment readiness, that would help us provide a well-rounded approach to support the success of our students.

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What role does the applicant's family/parent best see themselves fulfilling through this process to help the student achieve their career goals?

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# RECOMMENDATIONS AND RELEASE TOMMY NOBIS CENTER® Abilities at Work

The application to The Academy requires **three** personal recommendations from persons other than family who have known the applicant for at least one year. Individuals providing recommendations should know the applicant well and be able to speak to his/her/their readiness for the program. Recommendations can be completed by a teacher, counselor, coach, employment supervisor, scout leader, etc. Please provide the following information for persons to submit personal recommendations.

By completing this portion, the applicant is granting Tommy Nobis Center permission to contact persons listed as a personal recommendation and the applicant is waiving their right to access the recommendations once complete.

<b>RECOMMENDATION 1</b>	
Name:	Relationship:
Address, City, State:	Years known applicant:
Phone:	Email:
<b>RECOMMENDATION 2</b>	
Name:	Relationship:
Address, City, State:	Years known applicant:
Phone:	Email:
<b>RECOMMENDATION 3</b>	
Name:	Relationship:
Address, City, State:	Years known applicant:
Phone:	Email:

## CONSENT

The Academy at Tommy Nobis Center serves young adults with documented disabilities through an accelerated vocational training program. Throughout the 12-month program each participant is expected to engage in Academy classes, an internship, and employment support experiences. **Only individuals with a documented disability and commitment to meaningful work should pursue The Academy as a vocational program option.**

By signing below, you certify that all the information provided is true, complete, and correct to the best of your ability, and you are willfully applying to The Academy at Tommy Nobis Center with the intent to participate in the program if accepted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (as appropriate)

\_\_\_\_\_  
Date