2026 LAUNCH Academy Checklist

Please note: All items on this checklist must be completed and submitted together for consideration to the Life Academy.

All Students:

- Completed application and assessment with signatures
- $150 non-refundable processing fee made payable to Journey21
- Photo of applicant
- A copy of the applicant's most recent post-secondary Service Plan, Educational Plan, or Progress Monitoring/Goal results from their most recent year of attendance.
- Letter of reference from employer or former teacher
- If a Division of Vocational Rehabilitation (DVR) Client:
  - Copy of Individual Plan of Employment – IPE
  - Copy of Functional Assessment Report – FAR
- If receiving waiver funding, the following is required:
  - IRIS, a copy of ISSP and IPE
  - Community Care or MyChoice Wisconsin-Member Centered Plan

Please mail all materials to:
Journey21
Attn: Heidi Hamilton
1671 Old School House Road
Oconomowoc, WI 53066

Questions? Please contact:
Heidi Hamilton
Enrichment Center Director
Heidihamilton@journey21.org
262-399-0102

Student Contact Information:

Name: _____
Preferred Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Primary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Secondary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

About the Applicant:

Diagnoses:	
Medical Conditions:	
Medications:	

Does the applicant have allergies? ☐ Yes ☐ No **If yes, please list what kind?**

Medication:	
Food:	
Seasonal:	
Other:	

Does the applicant have a history of seizures? ☐ Yes ☐ No

Date of last seizure:	
Frequency:	
Type – what to expect:	
Response Protocol:	

Does the applicant have a special diet? ☐ Yes ☐ No **If yes, please describe:**

Waiver/Funder Contacts:

What is your current waiver funding? ☐ IRIS ☐ MyChoice ☐ Community Care ☐ N/A

If you have waiver funding, please provide contact name for IRIS Consultant or Family Care Case Manager:

Name: _____
Work Phone: _____
Email: _____

Academic Levels:

Skills Area:	**Grade Level or Age Level Equivalency:**
Reading Skills:	
Math Skills:	
Writing Skills:	

Education & Work History:

High School:

Name:	Dates Attended:

Post Secondary School:

Name:	Dates Attended:

Has the applicant ever been dismissed or suspended from any program? ☐ Yes ☐ No
If yes, please state the circumstances and date(s)?

Jobs or Volunteer Work Experiences:

Employer Name	Job Duty	Unpaid?	Paid?	Hrs/Wk?	Dates?
		☐	☐		
		☐	☐		
		☐	☐		
		☐	☐		

Applicant Self-Assessment

Independent Living & Self Care

I can be at home alone longer than 2 hours		☐ Yes	☐ No
I do chores such as making my bed and taking out trash	☐ with support	☐ Yes	☐ No
I can read a face clock and tell time		☐ Yes	☐ No
I can read a digital clock and tell time		☐ Yes	☐ No
I take daily showers/baths without reminders	☐ with support	☐ Yes	☐ No
I help my family with grocery shopping		☐ Yes	☐ No
I know how to handle money/make change	☐ with support	☐ Yes	☐ No
I can prepare a lunch or snack	☐ with support	☐ Yes	☐ No
I dress appropriately for the weather	☐ with support	☐ Yes	☐ No
I can prepare a lunch or snack	☐ with support	☐ Yes	☐ No
I currently feel like I eat healthy		☐ Yes	☐ No
I can eat independently		☐ Yes	☐ No
I exercise regularly, # of days a week		☐ Yes	☐ No
I need to be more active and would like an exercise plan		☐ Yes	☐ No
I can make my own appointments	☐ with support	☐ Yes	☐ No
I can do my own laundry	☐ with support	☐ Yes	☐ No
I have basic cooking skills	☐ with support	☐ Yes	☐ No

Technology

I can type and use a computer keyboard	☐ with support	☐ Yes	☐ No
I can use Microsoft Word to create letters and documents	☐ with support	☐ Yes	☐ No
I can use Microsoft Excel to create spreadsheets	☐ with support	☐ Yes	☐ No
I can use Microsoft PowerPoint to create flyers and presentations		☐ Yes	☐ No
I can use the computer to play games and listen to music		☐ Yes	☐ No
I can use a cell phone to talk or text others	☐ with support	☐ Yes	☐ No
I use assistive technology to access computer programs/phones		☐ Yes	☐ No
I know how to email family and friends	☐ with support	☐ Yes	☐ No
I have an Instagram account or other social media accounts		☐ Yes	☐ No

Applicant Self-Assessment & Signatures

Behavior & Communication

I have/had a Behavior Intervention Plan-BIP as part of my IEP	☐ Yes	☐ No
I have/had a Functional Intervention Behavior Plan-FIB as part of my IEP	☐ Yes	☐ No
I am sensitive to a noisy environment or bright lights	☐ Yes	☐ No
I use an appropriate tone of voice	☐ Yes	☐ No
I am comfortable starting a conversation	☐ Yes	☐ No
I give personal space to the people around me	☐ Yes	☐ No
I display appropriate behaviors in public	☐ Yes	☐ No
If I don't understand directions, I ask for help	☐ Yes	☐ No
I need 2 or less prompts to stay on task	☐ Yes	☐ No
I become frustrated or anxious easily	☐ Yes	☐ No
I interrupt and can dominate a conversation	☐ Yes	☐ No
I can follow simple directions	☐ Yes	☐ No
I have a difficult time putting down my phone or tablet	☐ Yes	☐ No
I ask for help or speak up when I don't understand something	☐ Yes	☐ No

Interests: I enjoy participating in the following activities (please check all that apply):

☐ Music	☐ Theatre	☐ Movies	☐ Cooking	☐ Art
☐ Legos	☐ Exercise	☐ Sports	☐ Baking	☐ Hiking
☐ Bowling	☐ Dancing	☐ Pickleball	☐ Swimming	☐ Board Games
☐ Special Olympics (please specify):				
☐ Other (please specify):				

Getting to know you:

What are your greatest strengths?

What are the areas of improvement that you need to work on?

How do you respond to frustration or anger? What causes you to become frustrated or angry?

What are some ways Journey21 staff can help you when you are frustrated or anxious?

What internships or jobs did you participate in at your last post-secondary school?

List of jobs you would like to do in the community.

What are some goals you would like to accomplish through the LAUNCH Academy.

Guardian/Parent Signature: _____ Date:_____

Print Name: _____

Signature of Applicant: _____ Date:_____

Print Name:_____