2026 Summer Academy Checklist

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

Returning Students:

- Provide any updates and changes from the previous year on the application and assessment with signatures. The full application/assessment does not need to be completed.
- $50 non-refundable processing fee made payable to Journey21.

New Summer Academy Students (required if student has not attended an Academy program before)

- Complete the full application and assessment with signatures.
- $50 non-refundable processing fee made payable to Journey21.
- Copy of High School IEP (not required for applicant's 25 years of age or older)
- 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 indicate if you are applying for:

- June Session – June 8-26, 2026
- July Session – July 6-24, 2026
- August Session – August 3-21, 2026

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

2026 Summer Academy Application

How many sessions do you wish to attend? ☐ One ☐ Two ☐ Three

Please check the session you prefer to attend: ☐ June ☐ July ☐ August

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 ☐ CLTS ☐ MyChoice ☐ Community Care ☐ N/A

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

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:

Did the applicant participate in an 18-21 program? ☐ Yes ☐ No If yes, please list the internships and work experiences in which the applicant participated in:

Jobs or Volunteer Work Experiences:

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

Applicant Self-Assessment

Independent Living & Self Care

I do chores such as making my bed and taking out trash ☐ with support	☐ Yes	☐ No
I can read a digital clock and tell time	☐ 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 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 feel anxious or stressed often	☐ Yes	☐ No
I need extra support or one-one-one assistance	☐ Yes	☐ No
I can do my own laundry ☐ with support	☐ Yes	☐ No
I have basic cooking skills ☐ with support	☐ Yes	☐ No

Behavior & Communication

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
I use a cell phone at appropriate times	☐ 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 ask for help or speak up when I don't understand something	☐ Yes	☐ No

Applicant Self-Assessment & Signatures

Mobility and Activity Levels

I can walk independently	☐ Yes	☐ No
I need assistance in finding my way in a familiar/unfamiliar setting	☐ Yes	☐ No
I require assistance on stairs	☐ Yes	☐ No
I can manage walking short distances	☐ Yes	☐ No
I need mobility assistance for outings that require extensive walking	☐ Yes	☐ No
I tire easily	☐ Yes	☐ No
I can manage physical endurance at a low or medium level	☐ Yes	☐ No
I can tolerate outdoor activities in the summer heat	☐ Yes	☐ No
I need prompts to hydrate after physical activity	☐ Yes	☐ No
I know how to swim	☐ Yes	☐ No

Interests:

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

Guardian/Parent Signature: _____ Date:_____

Print Name: _____

Signature of Applicant: _____ Date:_____

Print Name: _____