Self-Advocate Trainee Application

Fall 2015 – Spring 2016
A collaboration between
The University of Texas Health Science Center at Houston
University of Houston
Texas Woman’s University
University of Houston - Clear Lake
Baylor College of Medicine
MHMRA of Harris County

TO: Interested Individuals / Self-Advocates with Diagnosed Autism Spectrum Disorder or other Neurodevelopmental Disabilities

FROM: Prisca Franklin, Program Coordinator

SUBJECT: 2015-2016 LoneStar LEND Fellowship Program

Applications are now being accepted for the 2015-2016 LoneStar LEND Fellowship Program at the University of Texas Health Science Center at Houston. Enclosed please find program information and an application form. Adults with developmental disabilities, parents and/or siblings of individuals with developmental disabilities, and individuals from diverse backgrounds are encouraged to apply.

Application Checklist

□ Completed 2015-2016 Family Member Trainee application
□ Résumé/CV
□ Two letters of recommendation including LEND cover sheet
□ (if applicable) Letter from employer acknowledging review of Program Requirements (pgs 3 – 5) and assent that work obligations will not interfere with program participation

Please return application materials by May 1, 2015 to:

Prisca Franklin
LoneStar LEND, CLI
UT Health Science Center at Houston
7000 Fannin, UCT 2476 C
Houston, TX 77030-5401

Fax: 713-500-0315 (Attn: Prisca Franklin, LEND Program Coordinator)

Email: Prisca.Franklin@uth.tmc.edu

Supported in full by Project #T73MC22236 from the Maternal and Child Health Bureau (Public Health Service Act, Section 399BB (e)(1)(A), as amended by the Combating Autism Reauthorization Act (CARA) of 2011), Health Resources and Services Administration, Department of Health and Human Services.
Components of LoneStar LEND (abridged)

1. LEND Orientation:
   a. First Tuesday in July 9am - 4pm

2. LEND Seminars
   a. July – August: Tuesdays & Fridays 9:00am – 4:45pm
   b. September – June: Fridays 9:00am – 4:45pm

3. Leadership Project
   a. Weekday time with team members

4. Research Project
   a. Weekday time in lab

5. Families as Teachers
   a. Four lectures from Family Faculty; 2 encounters with assigned mentor family and attendance at 2 parent panels

6. Clinical Practica
   a. 32 clinical rotations (1/2 day – full day each)
   b. Completed outside of Friday LEND seminars

7. Leadership Weekend
   a. Extended weekend in late August; full day (Friday – Sunday)

8. LEND Conference
   a. Early Spring (Thursday – Friday); Houston, TX

9. BCM Transition Conference
   a. Date TBD (Thursday – Friday); Houston, TX

   OR

10. Texas A&M Transition Conference
    a. Date TBD; Dallas, TX

11. Developmental Screening events
    a. Two Saturdays throughout LEND year
Program Requirements for LoneStar LEND Trainees

The mission of the LoneStar LEND Trainee program is to create leaders in the field of Autistic Spectrum and other Neurodevelopmental Disabilities (ASD/ND) within an interdisciplinary training model focusing on cultural competence and evidence-based practice. During their 12 month appointment, each LEND Trainee will complete a total of 600+ hours of training and learning activities including:

- LEND Didactic Seminars and Leadership/Cultural Competence Training
- Clinical Practicums
- Research Project
- Conference Participation
- Family Practicum
- Leadership Project
- Additional LEND activities including readings, reflections, discussion groups, outreach, etc.

**LEND Didactic Seminars and Leadership/Cultural Competence Training**

Mandatory sessions will be held on Tuesdays and Fridays July – August and thereafter on Fridays only through the end of your LEND appointment. For a sample of the previous year’s didactic seminar calendar, visit www.lonestarlend.org.

These sessions will occur mainly at the UTHealth University Center Tower, 7000 Fannin; however some may be scheduled at the UT Medical School, 6431 Fannin or the UTHealth School of Nursing (SON), 6901 Bertner. Three two-hour sessions are scheduled each day: 9:00-11:00AM, 12:30 – 2:30PM, and 2:45 – 4:45 PM. Training sessions will include:

- LEND Orientation July (exact date TBD)
- Didactic Seminars
- Leadership and Cultural Competency Curriculum (held on a Friday/Saturday)
- Families as Teachers, Research and Clinical Review Sessions
- Team Building and Group Projects

Attendance at the seminars is required. A limited number of absences are allowed for professional conflicts or illness. Please review the attached attendance policy. In addition to the scheduled training sessions, Trainees can expect to spend an average of 8-12 hours per week on LEND activities such as clinical practicum, research, family practicum and other LEND activities, assignments, and projects.

**Clinical Practicum**

Trainees will participate in a wide variety of clinics and community observational experiences. At total of 32 clinical rotations must be completed within the LEND year, each rotation spans between 4-8 hours. Trainees are responsible for contacting clinics to schedule observations and will keep a log of observational experiences for review by the Training Coordinator at periodic clinical review sessions.

**Research**

LEND fellows are responsible for completing a research project over the course of the year. Trainees will review a selection of current faculty research projects and will meet with LEND
faculty prior to choosing a research mentor and selecting their project for the year. The goal of the research project is for the fellows to gain experience in conducting research that culminates in a product that can be disseminated (e.g. via publication, platform or poster presentation). A Masters or Dissertation thesis from the Trainees’ academic program can be used if applicable. Trainees are expected to present their research projects as part of the annual LoneStar LEND Conference in the Spring. To prepare for the research project, online CITI Training modules must be completed prior to August 1. Instructions for completing the CITI training course will be provided to Trainees during the first week of seminars.

**Conference Participation**

All Trainees will attend the annual LoneStar LEND conference held in the early Spring (exact date TBD). Trainee research project results will be presented at a poster session at the annual conference. Conference registration funds will be provided for trainees to attend at least one additional conference (from a group of selected conferences) during the program year.

**Family Practicum**

Each Trainee will be paired with a mentor family of a child with an ASD/ND in order for the trainees to share a family’s viewpoint of how they experience the process of diagnosis, treatment, and day-to-day life with ASD/ND. Trainees will schedule a minimum of two encounters with their assigned mentor family prior to April 30, 2015. In addition, Trainees will attend two parent panels where a variety of disabilities and ethnic backgrounds will be represented. These interactive panels will be moderated by the LEND family faculty and will expose trainees to a variety of ASD/ND topics from the families perspectives. Upon completion of the Family Practicum, trainees will participate in a wrap-up session where each trainee reflects upon the experience through a brief presentation to their peers. The presentation will focus on how system and service availability and/or gaps were highlighted by the families’ experiences and ideas for services to fill those gaps. The trainee will also highlight how they were most impacted by the family practicum experience and how they anticipate this will affect their practice in the future.

**Leadership Project**

During the course of the LEND year, each trainee pursues an area of particular personal interest through the Leadership Project. Conceptualized and completed in interdisciplinary groups of 3 - 4 trainees, the Leadership Project will provide multiple opportunities for trainees to experience issues they will face in practice such as accountability, outcome-based approaches, family-centered models, collaboration, and interdisciplinary decision-making. Each of these components offers opportunities for trainees to enhance and strengthen their leadership skills. Trainee groups will present their leadership project at the conclusion of their program (date TBD). The Leadership Project should focus on an issue in the field of disability/special health care needs and systems change. Each project will result in production of a product (brochure, web page, article, instructional video, etc.). The Leadership Project is an opportunity to integrate relevant material from LEND seminars and take away a broader perspective of working with an interdisciplinary team.
LEND Fellow Application 2015-2016
Self-Advocate Trainee

Date Submitted: ________________________________

Contact Information

Name: ___________________________________________
Local Address: ____________________________
Permanent Address (if different from Local):
______________________________

Home Phone: ____________________________
Day Phone: ____________________________
Cell Phone: ____________________________
Email: ____________________________

What is the best way to contact you?
☐ Home Phone  ☐ Day Phone  ☐ Cell Phone  ☐ Email

Demographic Information

Gender:  Male  Female  US Citizen?  Yes  No
Texas Resident?  Yes  No
Ethnicity:  Hispanic/Latino  Not Hispanic/Latino
Race:  Black or African American  American Indian/Alaska Native  Asian
       White  Native Hawaiian/Pacific Islander

Languages Spoken:
__________________________________

Level of Fluency (written and spoken):

Conversational  Intermediate  Native/Bilingual

Current Education (if applicable)

Current Degree Program:
College/University: ____________________________  GPA: ____________
Program(s) of Study: ____________________________
Advisor: ____________________________  Anticipated Date of Graduation: ____________
Anticipated Degree: ☐ M.A.  ☐ M.S.  ☐ M.Ed.  ☐ M.S.W.  ☐ Ph.D.  ☐ Other: ____________
Prior Education

**Undergraduate Education:**

College/University:________________________________________

GPA:________

Program/s of Study: __________________________________________ Date of Graduation:________

Degree Earned:  □ B.A.  □ B.S.  □ B.Ed.  □ B.S.W.  □ Other: ________________________________

**Graduate Education:**

College/University:________________________________________

GPA:________

Program/s of Study: __________________________________________ Date of Graduation:________

Degree Earned:  □ M.A.  □ M.S.  □ M.Ed.  □ M.S.W.  □ Other: ________________________________

Employment

Current Employer:________________________________________________________

Job Title:_______________________________________________________________

Start Date: _____________________________

Hours/Week: _____________

Position Responsibilities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Self-Advocate Status

Primary Diagnosis:________________________________________________________

Age When Diagnosed: _____________

Secondary Diagnosis (if applicable): ________________________________

Age When Diagnosed: _____________
**Self-Advocate Trainee Application Questions**

**Directions:** Please answer each question below. Your answers can be as long or as short as you choose. Answers should be typed and attached to the application packet for final submission.

1. A large part of the LoneStar LEND initiative are the didactic seminars that take place throughout the day on Friday’s from 9:00am – 4:45pm. There are typically three per day, each lasting 2 hours with a break in between. Would you be able to attend these seminars, based on your schedule?

2. Tell us a bit about yourself. This can include country of origin, hobbies, family life, achievements, etc.

3. Please explain why you have an interest in applying for the LoneStar LEND Program. How do you feel this program will be of benefit to you? What are your expectations?

4. As a LEND trainee what strengths would you bring to the program? What do you anticipate as potential challenges?

5. What aspect of the LoneStar LEND program is of most interest to you? Why?

6. What history do you have acting as a self-advocate for yourself?

7. What is one of the most formidable challenges you have faced in your adult life with your diagnosis? How have you handled it?

8. The LoneStar LEND program is designed to support the development of leadership skills that will assist participants to be effectively engaged in positive social change for people with disabilities. What do you believe are the characteristics of an effective leader? Tell us about any opportunities you have had to be a leader. What skills did you use? And what have you experienced as barriers to effective leadership?

9. How would you hope to use the things learned as a LEND trainee in your life moving forward?

10. How did you hear about the LoneStar LEND program?

11. Is there any other information about yourself that you would like to share with us?
LEND Fellow Recommendation Letter Cover Sheet

This form is to be completed by applicant and reference. Please attach a copy to each letter of recommendation.

Email: Prisca.Franklin@uth.tmc.edu | Fax: (713) 500-0315 | Mail: LoneStar LEND, 7000 Fannin, Houston, TX 77030

To be Completed by Applicant:

Name ___________________________ Date of Birth (mm/dd/yy) ______________________

Applicant’s Statement I waive I do not waive my right to review reference materials

Applicant Signature ___________________________ Date ______________________

To be Completed by Reference:

How long have you known the applicant? __________________________________________

What is (or has been) the nature of your relationship? (i.e. instructor, supervisor, etc.)

_______________________________________________________________________________

How well do you know the applicant?

Extremely Well Fairly Well Not Very Well

Have you seen him/her directly care for children? Yes No

Have you seen him/her directly care for children with special needs? Yes No

Would you hire this applicant to work with children who have special needs? Why or why not?

_______________________________________________________________________________

On a separate page, please describe your estimate of the applicant’s potential for success as a LEND fellow. Please include your appraisal of the applicant’s academic background, professional and/or research experience, and leadership capacity.

Name and Title ___________________________ Profession or Occupation ___________________________

Reference Signature ___________________________ Date ______________________

Supported in full by Project #T73MC22236 from the Maternal and Child Health Bureau (Public Health Service Act, Section 399BB (e)(1)(A), as amended by the Combating Autism Reauthorization Act (CARA) of 2011), Health Resources and Services Administration, Department of Health and Human Services.
LEND Fellow Recommendation Letter Cover Sheet

This form is to be completed by applicant and reference. Please attach a copy to each letter of recommendation.

Email: Prisca.Franklin@uth.tmc.edu | Fax: (713) 500-0315 | Mail: LoneStar LEND, 7000 Fannin, Houston, TX 77030

To be Completed by Applicant:

Name __________________________ Date of Birth (mm/dd/yy) __________________

Applicant’s Statement I waive I do not waive my right to review reference materials

Applicant Signature __________________________ Date __________________

To be Completed by Reference:

How long have you known the applicant? __________________________

What is (or has been) the nature of your relationship? (i.e. instructor, supervisor, etc.) __________________________

How well do you know the applicant?

Extremely Well Fairly Well Not Very Well

Have you seen him/her directly care for children? Yes No

Have you seen him/her directly care for children with special needs? Yes No

Would you hire this applicant to work with children who have special needs? Why or why not? __________________________

On a separate page, please describe your estimate of the applicant’s potential for success as a LEND fellow. Please include your appraisal of the applicant’s academic background, professional and/or research experience, and leadership capacity.

Name and Title __________________________

Profession or Occupation __________________________

Reference Signature __________________________ Date __________________

Supported in full by Project #T73MC22236 from the Maternal and Child Health Bureau (Public Health Service Act, Section 399BB (e)(1)(A), as amended by the Combating Autism Reauthorization Act (CARA) of 2011), Health Resources and Services Administration, Department of Health and Human Services.
References
Please list 3 references familiar with your character, work and/or scholarly experience and provide letters of recommendation from at least two of the individuals listed.

Name: ____________________________________________________________________________________
Position: __________________________________________________________________________________
Institution/Company: _____________________________________________________________________________________
Work Phone: ____________________ Cell Phone: ____________________ Home Phone: ____________________
Email: _____________________________________________________________________________________
Dates of Contact: ____________________ to ____________________

Name: ____________________________________________________________________________________
Position: __________________________________________________________________________________
Institution/Company: _____________________________________________________________________________________
Work Phone: ____________________ Cell Phone: ____________________ Home Phone: ____________________
Email: _____________________________________________________________________________________
Dates of Contact: ____________________ to ____________________

Name: ____________________________________________________________________________________
Position: __________________________________________________________________________________
Institution/Company: _____________________________________________________________________________________
Work Phone: ____________________ Cell Phone: ____________________ Home Phone: ____________________
Email: _____________________________________________________________________________________
Dates of Contact: ____________________ to ____________________

I grant permission for LEND faculty and staff to contact the above references for additional comments and queries.

Signature _______________________________________________ Date ______________________________

To be considered for LoneStar LEND Fellowship candidacy, you must submit this application, a copy of your Curriculum Vitae/Resume, two recommendation letters, and a signed Letter of Assent from your current employer. Incomplete packages will not be reviewed.
Completed application materials should be sent to –
Prisca Franklin
LoneStar LEND, CLI
UT Health Science Center at Houston
7000 Fannin, UCT 2476 C
Houston, TX 77030-5401
Fax: 713-500-0315 Email: Prisca.Franklin@uth.tmc.edu