



Disability Services
4400 University Drive, MS 5C9
Student Union Building 1, Suite 2500
Fairfax, VA 22030
Phone: (703) 993-2474
Fax: (703) 993-4306
Email: efp@gmu.edu

Executive Functioning Program

Program Information

Thank you for your interest in the **Executive Functioning Program (EFP)** at George Mason University. EFP provides individualized services beyond standard accommodations for students diagnosed with disabilities related to executive functioning skills.

The Executive Functioning Program is dedicated to helping students in their academic and personal lives by providing weekly meetings with a Learning Coach to encourage behavioral management and self-awareness. Each week the Learning Coach will review the strengths and weaknesses of students while developing strategies and goals for subsequent meetings. In addition to assessing strengths and weaknesses, coaches will motivate, support, and actively listen to the needs of each student. To assist in action plan development and case management, students must submit documentation and participate in an initial meeting with staff to discuss program interest and areas of support needed. Following the initial meeting, weekly sessions will progressively assist students in developing skills to foster academic success. Students participating in the Executive Functioning Program must commit for a minimum of one academic year.

Qualified applicants must already be admitted to George Mason University. Services provided to program participants are individualized and based upon disability documentation, functional limitations, and a collaborative assessment of needs. They include standard accommodations provided through Disability Services (DS). Please note: if you are already registered with DS, the documentation you have already submitted may be sufficient for considered enrollment into the Executive Functioning Program and will be evaluated on a case by case basis.

To be considered for the Executive Functioning Program, the following information must be submitted:

- Executive Functioning Interest form (to be completed by the student).
- Documentation of disability
- Copy of letter of acceptance into George Mason University, if you are an incoming student.

Please email the complete application packet to efp@gmu.edu or send by mail to:

ATTN: Executive Functioning Program • Disability Services •
4400 University Dr., MS 5C9 • Student Union 1, Suite 2500 • Fairfax, VA 22030

Executive Functioning Program Documentation Guidelines

Documentation— Disability Services collaborates with students to provide reasonable accommodations that are individualized and based on documentation, functional limitations, and a collaborative assessment of needs. Criteria for the source, scope, and content of documentation varies with each individual situation. Helpful information may include medical records, evaluations (e.g., psychological, psychoeducational, neuropsychological), comprehensive school records, or a detailed assessment from a diagnosing/treating healthcare provider.

Documentation should include:

- Qualifications and credentials of the diagnosing/treating evaluator or licensed professional in the field related to specific diagnosis or impairment.
- Diagnostic information that identifies the impairment/disability, provides information about the functional impact on the student's ability to participate in Mason's educational programs and services, and details typical progression or prognosis of the condition.
- A description of the diagnostic methodology used (e.g., criteria, methods, procedures, clinical narrative, observation, specific results).
- A description of current and past accommodations, services, medications, auxiliary aids, assistive devices, and support services that are logically related to functional limitations.



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Executive Functioning Program Interest Form
2022-2023 Academic Year

Please complete the following information and submit this form as part of your application packet. Please complete all questions accurately and to the best of your ability. Incomplete applications will not be reviewed. The information requested will be held in complete confidentiality and will only be reviewed by EFP/Disability Services staff or application committee members.

PERSONAL INFORMATION:

Name: G#:

Nickname (if applicable):

Date of Birth: Age:

Gender Identity:

Address:

City: State: Zip Code:

Student Cell Phone: Student Email:

PARENTS/LEGAL GUARDIANS:

Parent Name: Phone:

Email:

Parent Name: Phone:

Email:

DIAGNOSTIC INFORMATION:

Please check off the diagnosis you have received that make you eligible for the Executive Functioning Program:

Asperger’s Disorder/Autism Disorder/Social (Pragmatic) Communication Disorder/ Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)

Learning Disability

Attention-Deficit/Hyperactivity Disorder

Other _____

SUPPORTS & SERVICES PREVIOUSLY UTILIZED:

IEP 504 Plan Tutoring Services Academic Coach

Other:

EDUCATIONAL INFORMATION:

Anticipated Major:

High School Students:

High School Name & Location:

Diploma Received: Advanced Standard Other:

Transfer Students:

Institution Name & Location

Credits Earned Degree Received

Current GMU Students:

Academic Year Credits Earned

How did you hear about the program?

Explain your interest in the Executive Functioning program?

ADMISSION INTO THE UNIVERSITY:

Received GMU Acceptance Letter:

- Yes, it is included with application packet
- No, I have submitted the application, but currently waiting for a decision

*Applications may be submitted before the acceptance letter has been received, however they are not marked as complete until we receive notice a student has been accepted into the university.

Executive Functioning Program Level of Interest:

- Level 1 (\$4,000):** For students who are entering their first year as an Executive Functioning Program participant. (Weekly meetings with Coaches- up to 4 hours weekly)
- Level 2 (\$3,000):** For students who have completed one full year in level 1 and seek continued support. (Weekly meeting with Coaches- up to 2 hours weekly).

ACKNOWLEDGEMENT AND SIGNATURE:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information may be grounds for discontinuation of the application process or dismissal from the program without refund should I be accepted.

Applicant's Signature

Date