

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. Qualified applicants must already be admitted to George Mason University. Students participating in the Executive Functioning Program must commit for a minimum of one academic year.

The Executive Functioning Program is dedicated to helping students in their academic and personal lives by providing weekly meetings with a Learning Coach to review and implement strategies and goals aligned with student's strengths and challenges. In addition, coaches will motivate, support, and actively listen to the needs of each student.

Services provided to program participants are individualized and based upon disability documentation, functional limitations, and a collaborative assessment of needs. Students will participate in an initial meeting with EFP professional staff to discuss program interest and areas of needed support. Following the initial meeting, students will be assigned a Learning Coach and attend weekly sessions to assist in developing executive functioning skills.

Students can connect with Disability Services (DS) to discuss academic accommodations. Please note: if you are already connected 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, a completed application package includes the following information:

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

Deadline to apply is Friday, May 31st, 2024. Completed applications are accepted on a first-come, first-serve basis, and pending availability in the program. Applications submitted after the deadline will be reviewed on a rolling basis.

Please email the complete application packet to <u>efp@gmu.edu</u> 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

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 2024-2025 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#:
Chosen Name:	
Pronouns:	
Date of Birth:	Age:
Address:	
City: State:	Zip Code:
Student Cell Phone:	tudent 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:

□ Autism Spectrum 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:				
EDUC/	ATIONAL INFO	RMATION:		
Anticip	bated Major:			
-	chool Students			
High S	chool Name &	Location:		
Diplon	na Received: [□ Advanced □ Standa	rd 🗆 Other:	
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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

 \square 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 Support Services:

EFP offers up to three (3) hours a week of support with a Learning Coach. The hours of support are determined in collaboration with the Learning Coach and the student. The fee for the program is \$3800.00. A deposit of \$400.00 is due upon acceptance to the program.

Requested Hours of Support:

	1 hour
	2 hours
\square	3 hours

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