

Executive Functioning Program
Disability Services
4400 University Drive, MS 5C9, Fairfax, Virginia
22030Student Union Building I (SUB I), Suite 2500
Phone: 703-993-2474 | Fax: 703-993-4306

Email: efp@gmu.edu | Website: http://ds.gmu.edu/efp

#### **Executive Functioning Program**

The Executive Functioning Program 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.

Services are personalized based on an individual's disability, and their impact and specific needs, as determined through assessment and documentation. Students can contact Disability Services (DS) for academic accommodations. If already connected with DS, previously submitted documentation may be sufficient for Executive Functioning Program enrollment, evaluated on a case-by-case basis.

A completed application package includes the following information:

- EFP Application (to be completed by the student).
- Current and comprehensive documentation of disability to include appropriate written evaluation by a licensed professional, according to established documentation guidelines (described on the next page).
- Copy of most recent Individualized Education Program (IEP) or 504 Plan, if applicable.
- One completed Educational Overview form (undergraduate students only) from someone that has worked with the student in an academic setting (to be submitted by applicant in sealed envelope or mailed/emailed directly from recommender).
- Student Self-Reflection Form (to be completed by student)
- Parent/Guardian Response Form (undergraduate students only to be completed by parent/guardian)
- Copy of acceptance letter into George Mason University, if you are an incoming student.

Email the completed application packet by <u>June 30th</u>, <u>2025</u> to <u>efp@gmu.edu</u> or by mail to:

ATTN: EFP
Disability Services
4400 University Dr., MSN 5C9
Student Union Building 1, Suite 2500
Fairfax, VA 22030

#### **EFP Documentation Guidelines**

Criteria for the source, scope, and content of documentation varies with each individual situation. Helpful information may include medical documentation, evaluations (e.g., psychological, psychoeducational, neuropsychological, educational), and/or a detailed assessment from a diagnosing/treating healthcare provider.

#### Documentation should include:

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

Students should include any supplement documentation, if available, such as an Individualized Education Plan (IEP) or a 504.

Contact EFP at efp@gmu.edu or call 703.993.2474 with any questions about documentation.

# <u>Deadline to apply is Monday, June 30th, 2025.</u> 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 efp@gmu.edu or send by mail to:

ATTN: EFP
Disability Services
4400 University Dr., MSN 5C9
Student Union Building 1, Suite 2500
Fairfax, VA 22030

### **Executive Functioning Program Application**

#### 2025-2026 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:** G#: [ Name: Chosen Name: Pronouns: Age: Date of Birth: Address: City: Zip Code: State: Student Cell Phone: Student Email: **PARENTS/LEGAL GUARDIANS:** Phone: Parent Name: 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:
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

Explaii	your interest in the Executive Functioning Program?
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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		