









### **Conference Participation**

All Trainees will attend the annual LoneStar LEND conference held in the early (exact date TBD). Trainees are also required to attend either the Texas Transition Conference, or the Baylor Chronic Illness Conference. Additionally, funds will be provided for Trainees to attend at least one additional conference (from a group of selected conferences) or professional development opportunity during the program year.

### **Families as Teachers Program**

Each Trainee will be paired with a mentor family of a child with an ASD/ND to provide an opportunity for Trainees to experience a family's viewpoint into 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 30th. 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 members and will expose Trainees to a variety of ASD/ND topics from the families' perspectives. Upon completion of the Families as Teachers Program, Trainees will participate in a wrap-up session where each Trainee reflects upon the experience through a brief presentation to faculty and 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.

### **Service Learning Project**

During the course of the LEND year, each Trainee pursues an area of particular personal interest through the Service Learning Project. Conceptualized and completed in interdisciplinary groups of 3 - 4 Trainees, the Service Learning 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 Service Learning 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 Service Learning Project is an opportunity to integrate relevant material from LEND seminars and take away a broader perspective of working with an interdisciplinary team.

In addition to the scheduled seminar sessions, Trainees can expect to spend an average of 8-12 hours per week on LEND activities such as clinical practicum, family practicum and other LEND activities, assignments, and projects.



# **LEND Fellow Application 2020-2021**

## ***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

Language(s) 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.  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:

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## Advocate Status

Primary Diagnosis: \_\_\_\_\_

Age When Diagnosed: \_\_\_\_\_

Secondary Diagnosis (*if applicable*): \_\_\_\_\_

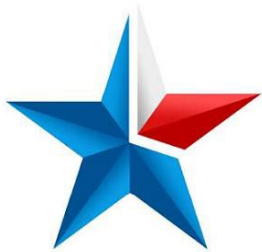
Age When Diagnosed: \_\_\_\_\_

## 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 four per day, each lasting 90 minutes. 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 an 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





# LoneStar LEND

Leadership Education in Autism and  
Neurodevelopmental Disabilities

*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

## 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) 500-3630 |

### 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?  
\_\_\_\_\_

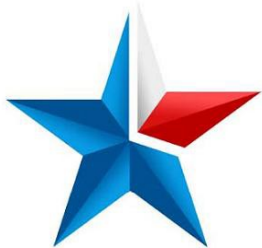
On a separate page, please describe your estimate of the applicant's potential for success as a LEND fellow. Please include your appraisal of the applicant's academic background, professional and/or research experience, and leadership capacity.

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.



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## References

Please list three references (who are NOT your recommendation letter writers) that are familiar with your character, work and/or scholarly experience.

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 Employer Letter from your current employer. Incomplete application packets will not be reviewed.

Completed application materials should be sent to –

Prisca Tihfon  
UT Health Science  
Center at Houston

**Email (preferred):** Prisca.Franklin@uth.tmc.edu  
Fax: 713-500-3630

You will receive a confirmation email when your application has been received.

**If you do not receive a confirmation email within 3 business days of submitting your application, please call 713.500.3637.**



An interdisciplinary collaboration among:

University of Texas Health Science Center at Houston (UTHealth),  
University of Houston,  
Texas Woman's University,  
University of Houston Clear Lake, and  
Baylor College of Medicine

Dear Employer,

\_\_\_\_\_ has submitted an application to the *LoneStar Leadership Education in Autism and other Neurodevelopmental Disorders [L.E.N.D.] Training Program* for the academic year September 2020 through June 2021.

There are currently 52 LEND programs located in 44 US states, with an additional six states and three territories reached through program partnerships. Collectively, they form a national network that works together to address national issues of importance to children with special health care needs and their families. While each LEND program is unique, with its own focus and expertise, they all provide interdisciplinary training, have faculty and trainees in the 16 Maternal-Child Health disciplines, and include family members and individuals with disabilities as paid program participants.

Before we can finalize this application, we need assurance that this trainee will have the appropriate time to successfully perform the components of the LEND training, which include the following:

- Weekly didactic seminars scheduled on Fridays from 9am to 5pm;
- 23 Clinical observations scheduled in half-day time slots by the trainee during variable weekday business hours;
- Service Learning Project for which the applicant must meet with his/her fellow trainees to complete, either during regular business hours or after hours, depending on the trainee group and the specific Project;
- Attendance at either the Baylor College of Medicine Chronic Illness and Disability Conference in October 2020 (exact date TBA) or the Texas Transition Conference in February 2021 (exact date TBA);
- Attendance at one additional national or local conference occurring during typical business hours over several days.

Your signature below attests to your agreement with the time requirements for successful completion of the LoneStar LEND. If you do not agree, kindly inform us by email to [Prisca.Franklin@uth.tmc.edu](mailto:Prisca.Franklin@uth.tmc.edu) in addition to informing the applicant.

Thank you for your time and consideration.

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Signature	Date
<hr/>	
Printed name	Position
<hr/>	
Employer/ Company Name & Address	Phone