



DATE OF REQUEST

Artist in Residence Admission & Assessment Request Form

For Neurodivergent Adults (18+) Ready to Belong, Create, and Build a Life in Art

ACCESSIBILITY NOTICE FOR FAMILIES

At Sense Kaleidoscopes, we believe every voice matters. To support all learning and communication styles:

- You may fill any section in writing, or
- Share your responses via voice note or video (through WhatsApp, Google Drive, or email), or
- Request a one-on-one in-person session to share your responses with our team

Please choose the format that works best for you.

PROGRAM OVERVIEW

The Artist-in-Residence (AIR) program at Sense Kaleidoscopes is **India's first professional artist collective** designed exclusively for neurodivergent and autistic youth. This full-time, curated residency is more than an educational program — it is a working studio, a creative sanctuary, and a long-term community built around sustained practice and purpose. This is **not just an art program** — it is a **home for lifelong learning, earning, and expression**.

At the heart of AIR is the belief that learning doesn't end at 18 — especially not for neurodivergent minds. Inspired by the philosophy of **J. Krishnamurti**, we see education as a lifelong unfolding — not just of skill, but of identity, meaning, and relationship. Many of our artists arrive after years of being misunderstood or under-stimulated in traditional systems. Here, they are met with structure, trust, and challenge — the very ingredients needed for transformation.

Artists in the program work on live commissions, curated exhibitions, professional collaborations, and real-world client briefs. Alongside their art practice, artists engage in skill-enhancement modules that include **empathy building, anxiety regulation**, digital literacy, time management, **community behaviour**, friendship skills, communication, and financial planning — because they're not just making art, they're also learning how to live and work as **independent, confident professionals**.

The AIR program is not open to all — it is selective, based on creative readiness, emotional regulation, and the ability to meaningfully contribute to the collective. But for those who enter, it becomes a space of **deep belonging, growth, and professional identity**. Here, art is not a hobby or therapy — it's a vocation, a voice, and a viable career path.

Eligibility Criteria

- Age 18+
- Existing portfolio with quality and consistency
- Ability to work collaboratively in a structured environment
- Full disclosure of behavioural, medical, and therapeutic history
- Consent to SK's policies, artist management, and collective guidelines

PARENTS DETAILS IF PUPIL IS BEING BROUGHT IN BY PARENTS

FATHER'S
PHOTO

Father's Name: _____

Designation & Profession: _____

Email Address: _____

Contact Number: _____

Address: _____

MOTHER'S
PHOTO

Mother's Name: _____

Designation & Profession: _____

Email Address: _____

Contact Number: _____

Address if different: _____

GUARDIAN DETAILS

☐ IF PUPIL IS BEING BROUGHT IN BY LEGAL GUARDIAN

☐ IF GUARDIAN IS CONTACT PERSON IN CASE OF EMERGENCIES

☐ Grandparent ☐ Sibling ☐ Relative _____ ☐ Other _____

GUARDIAN'S
PHOTO

Guardian's Name: _____

Designation and Profession: _____

Email address: _____

Contact number: _____

Address: _____

You may respond in writing or through audio/video.

APPLICANT DETAILS

STUDENT
PHOTO

STUDENT DETAILS

Full Name: _____

Preferred Name (if any) _____

Date of Birth: _____ Age: _____

Gender Identity: _____ Pronouns: _____

Preferred Communication Style (spoken, AAC, gestures, etc.): _____

Phone Number: _____

Email (if any): _____

Residential Address: _____

Emergency Contact Name: _____

Contact Number: _____ Relationship: _____

ARTISTIC BACKGROUND

Primary Art Medium(s):

☐ Visual Art ☐ Sculpture ☐ Printmaking ☐ Theatre ☐ Mixed Media ☐ Culinary

☐ Other (please specify) _____

Duration of Art Practice: _____

Formal or Informal Art Training (details):

Favourite themes or styles to create:

Has the applicant participated in:

☐ Group Shows ☐ Solo Shows ☐ Paid Commissions ☐ Art Collaborations

If yes, share highlights (with links or reels if available):

Upload:

☐ Minimum 5 artworks (PDF, Google Drive, or video reels for performance artists)
☐ Performance/Video Reels if relevant

ALIGNMENT WITH PROGRAM GOALS

This is a **professional, full-time residency**. Artists are expected to engage in:

- Independent and collaborative work
- Live commissions and external showcases
- Ongoing capacity-building and reviews
- Mentorship from curators and peers

Please answer the following:

Why do you wish to join the AIR program?

What are the student's short-term creative goals?

What are the student's long-term creative goals?

Is the artist interested in earning through art? ☐ Yes ☐ No

Is the artist open to collaboration and feedback from a curation team?

Can the artist commit to a structured 8-hour weekday routine with professional expectations?

Do you agree to SK managing artist curation, branding, and marketing during this residency?

BEHAVIOUR & EMOTIONAL REGULATION

We expect members of our artist collective to contribute positively to the studio environment and collaborate with peers. To ensure readiness:

Has the applicant demonstrated any of the following in the last 6 months?

- ☐ Task avoidance
- ☐ Physical aggression
- ☐ Property destruction
- ☐ Repetitive or disruptive vocalisations
- ☐ Self-injury

(If yes to any, please elaborate):

Describe the most effective strategies you currently use to help regulate or support the applicant.

Describe behaviours that may require additional support (e.g., meltdowns, shutdowns, aggression, refusal to engage):

- Known triggers for these behaviours:

- Effective strategies used at home or in school to manage these behaviours:

- How often do these behaviours occur?

- Have there been any past incidents involving:

1. Police or legal intervention ☐ Yes ☐ No
2. Psychiatric hospitalisation ☐ Yes ☐ No
3. Physical restraint or harm to self/others ☐ Yes ☐ No

If yes, please provide details in one of the following ways:

- ☐ Written below
- ☐ Voice note / video file
- ☐ In-person conversation with our team

Note: This section will be recorded securely for internal evaluation and may be used by SK's clinical and behavioural team to determine support structures.

MEDICAL, THERAPEUTIC & SUPPORT NEEDS

Formal diagnosis (Autism OR Other): _____

☐ Yes ☐ No - *Attach reports*

Co-occurring conditions (e.g., Seizures, Tics, ADHD, OCD, Anxiety etc.):

Current medication:

Support needs:

☐ Toileting
 ☐ Medication
 ☐ Task Initiation
 ☐ Emotional regulation
 ☐ Hygiene
☐ Communication (AAC/visuals)
 ☐ Others: _____

Please describe:

The applicant's current daily routine

Any ongoing medical conditions or interventions

Triggers, sensory needs, or supports typically used

Social strengths (e.g. team collaboration, emotional expression)

Social difficulties (e.g. peer conflict, isolation, anxiety, etc.)

Does the applicant require any of the following?

- ☐ Shadow/Assistant
- ☐ AAC Device
- ☐ Occupational/Physiotherapy
- ☐ Counselling or mental health support

Does the applicant show interest in:

- ☐ Working professionally in the arts
- ☐ Being part of a creative peer collective
- ☐ Learning new skills continuously
- ☐ Earning through creative commissions

(Tick all that apply)

SCHOOLING & PROGRAM HISTORY

Has the applicant attended school, college, or programs in the last 3 years?

☐ Yes ☐ No

If yes, provide:

- Name(s) and Duration

- Reason for Leaving

- Key Challenges & Learnings

Format: Written / Voice / Video / In-person

FAMILY CONTEXT & SUPPORT NETWORK

Who does the artist live with?

Any family events that impacted mental health or learning?(e.g., trauma, illness, relocation, loss)

Have parents worked with:

- ☐ Special Educators
- ☐ Therapy Teams
- ☐ NGOs
- ☐ Other collectives

Describe your family journey through:

- ☐ Writing
- ☐ Voice/video
- ☐ Book a conversation

PARENT/GUARDIAN SECTION

Why do you believe this residency is the right fit for your child?

What do you hope they will gain from this experience?

Are you committed to supporting long-term participation and collaboration?

EXPECTED DOCUMENTS UPON ADMISSION

Please be informed that should your child be accepted for admission at the school, the following documents will need to be furnished for completing the admission procedure.

Student

- Birth Certificate
- Aadhar Card
- Proof of Permanent Address
- 5 Passport Size Photographs
- Student's Bank Account Details
- Student PAN Card
- Disability Certificate UDID Card
- Diagnosis Report from a medical institution
- Recent Medical Assessment Report (DP and Psychiatrist)

Parents

- Occupation proof for both parents
- Proof of Annual Income, if both are working
- PAN Number of parent remitting fees
- Proof of number of dependents
- Aadhar Cards of both parents
- Address proof for both parents (if different)
- 2 passport size photographs of both parents

EXPECTED FEES AT THE TIME OF ADMISSION

Upon confirmation of admission at Sense Kaleidoscopes, the following payment will be required to complete the enrollment process:

- A **one-time, non-refundable deposit equivalent to three months' fees**
- The **first quarterly program fee (three months' fees)** payable in advance

In total, six months' worth of fees are collected at the time of admission — three months as a one-time deposit and three months as the first quarter's tuition.

Additionally, based on the individual needs of the student, families may be required to budget for the following:

- A **personal laptop or tablet** for classroom use, if recommended
- **Student access to online platforms** (e.g., Go Zen)
- **Photography, Printing or Scanning costs** for artworks printed at school
- **Admin Costs** related to applications for exhibitions, awards, publications, virtual exhibitions etc
- **Community visits and social outings** designed to build real-world learning
- **Parent training sessions** conducted by external experts, if required
- **Therapeutic or specialist services** (e.g., counselling, speech, communication) provided by external consultants when needed

At Sense Kaleidoscopes, we believe in providing a **deeply individualized** learning journey. These fees reflect the resources and expertise involved in offering a **world-class, neuro-affirmative**, and supportive environment for your child to thrive.



Assessment Consent & Declaration Form

For Applicants to the Artist in Residence Program (Ages 18+)

Sense Kaleidoscopes, India's First Art Collective for Neurodivergent Adults

This consent form has to be submitted for the purpose of assessment by educators, developmental paediatricians and psychiatrists in order to consider the pupil for admission to the school. Please note that the assessment is chargeable and information on if/when the assessment is to be undertaken will be communicated to you.

Name of student: _____

Gender: _____ Date of birth: _____ Age: _____

Previous school and address, if any: _____

Previous school contact, if any: _____

Has your child's educational need been discussed with you? ☐ YES ☐ NO

Has the assessment and statementing process been fully explained to you? ☐ YES ☐ NO

*I have parental responsibility for the child named above
and I agree to the assessment being undertaken.*

Signature: _____

Name of person with parental responsibility: _____

Relationship to child: _____

Address: _____

To ensure that this request is considered as speedily as possible, please provide all necessary information. Please return this completed form to the office at Sense Kaleidoscopes.

For any additional questions or concerns please do not hesitate to contact us via email:

admin@sensekaleidoscopes.org, contact@sensekaleidoscopes.org or phone: +91 96061 85050

PARENT/GUARDIAN DECLARATION FOR ADMISSION REQUEST AND ASSESSMENT

I, _____, parent/legal guardian/applicant aged _____ years, residing at _____, hereby undertake, declare, and consent to the following on this day, _____:

1) I understand that assessments are required to evaluate the applicant's readiness for the AIR Program at Sense Kaleidoscopes (SK), which is a professional residency program and not a therapeutic or educational institution.

2) I confirm that I have been informed about the scope and nature of the assessment. I provide my informed consent for SK to proceed with the following as part of the admission process:

- Studio observation sessions
- Behavioural and psychosocial review
- Artistic skill and readiness mapping
- Interactions with curators, therapists, and peer collectives

3) I understand that submission of this form and participation in assessment does not guarantee admission. Final selection will depend on readiness, fitment, and collective dynamics.

4) I understand that SK may run a trial residency (up to 3 months) before confirming admission to evaluate participation, collaboration, and consistency.

5) I confirm that all behavioural, medical, and therapeutic information disclosed is true and complete. I understand that withholding or falsifying information may lead to rejection of the application or discontinuation from the program at any time.

6) I accept that admission may be withdrawn if:

- The applicant's needs exceed SK's support capacity.
- The applicant's actions create consistent disruption or pose safety risks.
- Ethical or operational guidelines are not followed.

7) I consent to SK sharing the assessment reports with relevant internal professionals, including therapists, curators, and programme staff, who support the applicant's development during the residency.

8) I consent to the sharing of anonymized data from assessments with research institutions for the purpose of advancing inclusive practices in the arts, provided personal identity is protected.

9) I understand that assessment reports and other documentation may be retained by SK in its secure data systems for the duration of the child's engagement with the organization and may be used to inform decisions on curriculum planning, safety protocols, therapeutic needs, and reporting to relevant authorities, if required by law.

10) I acknowledge that SK will exercise reasonable care and professional diligence during the assessment process. However, I accept that I remain fully responsible for any reckless or harmful behavior by my child that causes physical injury to others or damage to property or equipment. I undertake to bear the cost of repair, replacement, or medical treatment if such a situation arises.

11) I confirm that I have fully disclosed all known behavioral, developmental, cognitive, and medical challenges to the best of my knowledge. I understand that failure to disclose relevant history may compromise SK's ability to support the student and may affect the continuation of services.

12) I understand that if my student is admitted, SK may continue conducting periodic assessments to review and adapt to the student's support plan as needed. These assessments may include classroom observations, behavioral recordings, teacher evaluations, and professional consultations.

13) I acknowledge that all information collected will be handled in accordance with the Rights of Persons with Disabilities Act (2016), the Mental Healthcare Act (2017), and any applicable data protection laws. Information will be stored securely and shared only with authorized personnel under confidentiality protocols.

14) I am aware that I may be asked to participate in review meetings, progress evaluations, and capacity-building discussions related to my student's participation in the program. I undertake to cooperate fully in these processes.

15) I understand that I may submit required information in written form or through voice/video submissions, using secure formats (Google Drive, email, WhatsApp), or request a one-on-one appointment with SK's assessment team.

16) I will comply with all policies and procedures during the assessment process, and I acknowledge SK's right to withdraw the assessment or admission at any point if guidelines are not followed.

17) I understand that providing inaccurate, falsified, or incomplete information may result in cancellation of the admission process at any stage.

18) I commit to collaborating with SK in good faith and honouring the collective nature of this program.

By signing below, I affirm that I have read, understood, and agreed to all terms outlined above. I further declare that all information I have provided is true, complete, and accurate to the best of my knowledge and belief.

Parent/Guardian Name: _____

Child's Name: _____

Relationship to Child: _____

PARENT'S SIGNATURE: FATHER

PARENT'S SIGNATURE: MOTHER

DATE