

Application for Program

(This section to be completed by the parent(s))

Parent Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

Parent Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

1. How independent do you see your son/daughter.....

Upon leaving school-

In five years-

In ten years-

2. What goals do you see The XX Program achieving for your son/daughter?

3. Do you have any fears for your son/daughter's future?

Check one _____Yes _____NO

If so, what are they?

3. What are your son/daughter's greatest strengths?

4. What are your son/daughter's greatest challenges?
5. To what extent do you feel your son/daughter can or will become independent in the future? (Job, Residential Situation, Financial, Socially)
6. What interests or hobbies does your son/daughter have?
7. What are your expectations and future plans for your son/daughter in terms of independent travel?
8. What are some of your son/daughter's support needs (what does he/she need help with doing, and how do you help him/her?)
9. Are there any restrictions on your son/daughter that we need to know about?
10. Does your son/daughter have any behavioral issues?
11. Does your son/daughter take any medication? How often and independently?
12. Describe your son/daughter's study skills.
Completes homework? _____
Takes Notes _____
Outlines _____
13. What kinds of things would you like a program such as this to focus on for your son/daughter?