



College *Living* Experience

Application for Admission *Parent Questionnaire*

Student Information

Please include an application fee of \$50.00 with this application

_____	_____	_____
First Name	Middle Name	Last Name
____/____/____	_____	_____
Date of Birth	Country of Birth	Citizenship
Male / Female (Circle One)	____'____" _____	_____ lbs
	Height	Weight
____-____-____	_____	_____
Social Security Number	Telephone	Cell Phone

Email		

Applicant's Home Address

_____	_____	_____
City	State	Zip

Applicant lives with: (Please Circle One) Mother / Father / Both / Other (Name, Relationship)

_____	_____
Address	Telephone Number

Admission materials are to be sent to:
(Please Circle One) Mother / Father / Both / Other (Name, Relationship)

_____	_____
Address	Telephone Number

_____	_____
First Language	Language Spoken in Home

Fluency in What Languages?

Month/Year of Proposed Entrance to College Living Experience: _____

Parent History

Check if appropriate:

Mother Deceased

Parents Divorced

Father Remarried

Father Deceased

Parents Separated

Mother Remarried

If divorced or separated, give applicant's age at the time of separation: _____

If parents are divorced or separated, who has legal custody of the applicant? _____

Are you the biological parents of the applicant? Yes / No

If no, age at the time of adoption _____

Family Information

In case of emergency who do we contact?

First: _____
Name Telephone Relationship

Second: _____
Name Telephone Relationship

Third: _____
Name Telephone Relationship

Please fill out as completely as possible. If parent is deceased, please provide name and date of death only.

Mother

Dr. /Miss /Mrs. /Ms. _____
(Circle One) First Middle Last

Home Address

City

State

Zip

Home Telephone

Cell Phone

Fax Number

Business Address

City

State

Zip

Business Telephone

E-Mail

Date of Birth

Education

Current Occupation & Title

Receive Applicant Reports: Yes / No

Two

Father

Dr. / Mr.
(Circle One)

First

Middle

Last

Home Address

City

State

Zip

Home Telephone

Cell Phone

Fax Number

Business Address

City

State

Zip

Business Telephone

E-Mail

Date of Birth

Education

Current Occupation & Title

Receive Applicant Reports: Yes / No

Stepmother:

Dr. /Miss /Mrs. /Ms.
(Circle One)

First

Middle

Last

Home Address

City

State

Zip

Home Telephone

Cell Phone

Fax Number

Business Address

City

State

Zip

Business Telephone

E-Mail

Date of Birth

Education

Current Occupation & Title

Receive Applicant Reports: Yes / No

Stepfather

Dr. / Mr.
(Circle One)

First

Middle

Last

Home Address

City

State

Zip

Home Telephone

Cell Phone

Fax Number

Business Address

City

State

Zip

Business Telephone

E-Mail

Date of Birth

Education

Current Occupation & Title

Receive Applicant Reports (Please Circle One): Yes / No

Sibling Information

Please list applicant's siblings, step and half step in chronological order.

_____	M / F					Biological / Adopted
Name	(Circle One)	Age	Date of Birth	Residence		(Circle One)

_____	M / F					Biological / Adopted
Name	(Circle One)	Age	Date of Birth	Residence		(Circle One)

_____	M / F					Biological / Adopted
Name	(Circle One)	Age	Date of Birth	Residence		(Circle One)

_____	M / F					Biological / Adopted
Name	(Circle One)	Age	Date of Birth	Residence		(Circle One)

Do any of the applicant's siblings have a diagnosed disability? Yes / No

If yes, list name and disability: _____

Applicant's History

Learning & Psychological Diagnoses

At what age were problems first noted and diagnosed? _____

Please complete information: (give the most recent first)

Approx. Age of Diagnosis	Learning and Psychological Diagnosis	Medication Prescribed	Length of Time on Medication	Effectiveness

Current:

How do the above learning issues/ disabilities of the applicant affect learning in the classroom?

What interventions have been attempted to mediate the applicant's deficit areas and what degree of success?

How have the learning issues/ deficits impacted the applicant's life?

Academically _____

Socially _____

Emotionally _____

Psychologically _____

Medical History

Please list any current or previous health problems affecting students (seizure disorders, head injuries, diabetes, severe headaches, sleep difficulties, etc.) Please give details:

Has the applicant ever been hospitalized for any major medical problems? (Circle One) Yes / No
If yes, please give details:

Institution	Age	Dates	Reason
Institution	Age	Dates	Reason
Institution	Age	Dates	Reason

Therapeutic History

Is the applicant currently, or in the last two years, being treated by any psychologists, psychiatrists, counselors, or other mental health professional? (Please circle one) Yes / No

If yes, please list the most recent first.

Name	Type of Professional	
Address		
Telephone	Dates Seen	Age of applicant at time
Nature of Service		
Name	Type of Professional	
Address		
Telephone	Dates Seen	Age of applicant at time
Nature of Service		
Name	Type of Professional	
Address		
Telephone	Dates Seen	Age of applicant at time
Nature of Service		

Has the applicant ever been hospitalized for any psychological condition? Yes / No
 If yes please list the most recent first:

Institution City State Date Admitted Length of Stay

Diagnosis: Age of applicant at the time

Institution City State Date Admitted Length of Stay

Diagnosis: Age of applicant at the time

Institution City State Date Admitted Length of Stay

Diagnosis: Age of applicant at the time

What psychological interventions and/or experiences have been most helpful? _____

Medications

Does applicant presently have any regular medications (include all prescription medications)? Yes / No
 If yes, please complete:

Name of Medication	Dosage	Purpose	Prescribing Physician	Special Instructions

Can applicant manage medication independently? Yes / No

How compliant is the applicant in taking medication? Please Explain: _____

Academic Information

Please list high school and college academic history of applicant and indicate whether public or private.

School	Dates	Public / Private	Degree
			Regular / Special
Address		Reason for Change	
School	Dates	Public / Private	Degree
			Regular / Special
Address		Reason for Change	
School	Dates	Public / Private	Degree
			Regular / Special
Address		Reason for Change	

Does/did applicant participate in a special education track? Yes / No

What makes it (made it) a special education track? _____

List tutors, educational specialists, and/or instructors of social skills groups in which this applicant has participated. (most recent first)

Name of Professional	Title	Phone #
Street Address		City State Zip Code

Name of Professional	Title	Phone #
Street Address		City State Zip Code

Name of Professional	Title	Phone #
Street Address		City State Zip Code

Academic Information Continued

Has the applicant ever taken the ACT or SAT? Yes / No
If yes, please list date(s) taken and scores:

Test Taken	Date	Scores

Please give the following information on latest psycho/educational testing that will be done or has been done with this applicant.

Name of Examiner	Position	Date of Tests

Street Address	City	State	Phone Number

Name of Examiner	Position	Date of Tests

Street Address	City	State	Phone Number

Must the applicant be registered for a minimum number of credit hours at the college? Yes / No

If yes, how many? _____

For what reason: _____

Was applicant ever suspended or expelled from school? Yes / No

If yes, please give details: _____

Financial Information

Has the applicant had any experience with any of the following? (Circle all the apply)

- Savings Account Checking Account Credit Cards
 Paying Bills Creating a Budget Adhering to a Budget

Has the applicant ever lived on his/her own? Yes / No

Has the applicant ever lived with a roommate? Yes / No
If yes, please give details:

Social / Emotional Information

Regarding the nature of the applicant's peer relationship, he/she is: (check all that apply)

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Confident | <input type="checkbox"/> Leader | <input type="checkbox"/> Mature | <input type="checkbox"/> Engages others |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Follower | <input type="checkbox"/> Immature | <input type="checkbox"/> Does not engage others |

List the positive qualities, interests, and accomplishments of applicant: _____

What social/emotional areas do you see as applicant's strengths? _____

What social/emotional areas do you see as applicant's weaknesses? _____

General History

Does the applicant have a hard time solving problems independently? Yes / No

Explain: _____

Has the applicant ever had any legal problems or current litigation? Yes / No

Explain: _____

Does applicant have any history of alcohol or illegal drug use? Yes / No

Explain: _____

Has applicant ever exhibited a danger to others? Yes / No

Explain: _____

Has applicant engaged in self-injurious behavior? Yes / No

Explain: _____

Goals

The following questions are designed to assist us in working most effectively with the applicant.

During the first year of placement, if admitted to College Living Experience, I would like to see the applicant attempt to accomplish the following objectives:

What are your perceptions of the applicant's goals and ambitions in life? _____

The staff can be of further assistance to my child and me by: _____

Signatures

Please indicate which College Living Experience Site(s) the applicant is interested in attending:

- Austin, Texas Denver, Colorado Fort Lauderdale, Florida

Tuition Statements are to be sent to the following:

Name _____ Phone Number _____

Address _____ State _____

Signatures Continued

If the student listed on page one (“my child”) is under 18 years of age, I am applying to the College Living Experience program (CLE) for my child. I grant my permission, personally and on behalf of my child, for CLE to contact any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in the student or parent questionnaire, both of which constitute “this application.” I consent to the release of any and all information about my child by any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I grant my permission for CLE and any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application to discuss anything about my child. This consent shall continue until withdrawn in writing by me.

Print Name
Parent/Legal Guardian

Signature

Date

Mailing Address

City

State

Phone

Print Name
Parent/Legal Guardian

Signature

Date

Mailing Address

City

State

Phone