Student Information Form

Student Information

Last Name _____ First Name _____Middle _____

Phone #1 _____Phone #2 _____

Residence Address _____

City _____State _____Zip Code _____

Birth date _____

Sex ___Male ____Female____ Gender Identity/Pronouns _____

Email address _____

Are you a U.S. Citizen ___Yes___No

Are you your own legal guardian ___Yes ____No ____Not Sure

If no, Name of Guardian _____ Relationship _____

Have you ever been convicted for a felony ___ Yes ___No

If yes,

Felony Office	Date of conviction	Relevant information to Conviction

Education History

Schools attended (High School and post)	City/State	Years Attended	Achievement (GED, HS Diploma, HS Completion certificate, etc.

Have you previously applied to West Chester University? ☐ Yes____ No

Have you ever had a disciplinary violation at a high school or college that resulted in your probation, suspension, removal, dismissal, or expulsion? ☐ Yes ☐ No

If yes, please state the institution's name, reason, date and relevant information:

_____

Which of the following best describes the curriculum and educational setting experienced in most recent year of school?

___Fully included in general education curriculum in general education classes
___Half time in general education and half time in special education classes
___Not included in General Education curriculum, included only in special education (life skills)
___ Other: _____

Had an aide assist ___ Full Day ___3/4 day ___1./2 day ___1/4 day ___only if needed/not daily

What tasks did Aide assist with _____

What type of statewide test did you take while in high school
___Standard assessment with or without accommodations
___ Alternative Assessment
___ Waived
___ None
___ Don't know

Support Services/ Accommodations you receive in High School
(Check all that apply and enter ones not listed)

☐	Occupational therapy	☐	Extra time on test
☐	Speech Therapy	☐	Quiet area for tests
☐	Physical Therapy	☐	Test given orally
☐	1:1 paraprofessional	☐	Guided notes/note taker
☐	Check in/ check out person	☐	Tasks broken down into simple steps
☐	Social skills instruction	☐	Visual checklist
☐	Word bank	☐	Break passes
☐	Tested only on main concepts	☐	Only 2-3 answers for multiple choice
☐		☐	Open notes

Any other accommodations not mentioned_____

Use of Technology ____Yes ___No____

If yes, please identify _____

Give an example of an academic Assignment you can do independently? _____

_____

Give an example of an academic Assignment you would need support? _____

_____

Employment/Volunteer Experiences:

Employer	Paid or unpaid	Job Responsibilities	Dates at Job	Likes of job	Dislikes of job

Do you plan on continuing your employment/volunteering if accepted to Ram Initiative? ___ Yes ___ No

If yes, How many hours and days of week? _____

Extracurricular Activities (community/social events regularly take part of:sports, fitness classes, religious groups,
etc.)

Activity	Dates of involvement	Role	How often

Use of Technology

	Use independently	Need support	Do not use
Cell phone			
Email			
Microsoft word			
Internet			
GroupMe			
School assignment platforms- Schoology/blackboard/etc			

State and Federal Support

	Eligible, receiving	Eligible, not receiving	Name/contact of counselor	Not eligible	Don't Know
Vocational Rehab (OVR)					
Division of Developmental Disabilities					
Special Education Services (IDEA funding)					
Medical Assistance					
Supplemental Security Income (SSI)					
Social Security Disability Insurance (SSDI)					
Other:					

GOALS for Ram Initiative

	Goals/ Areas to Enhance/Interest in learning more
Academics	
Social/Community Connection	
Independence	
Employment	

Family Information Form
Student lives with:

_____Both parents _____Mother _____Father _____Guardian(s) ___Other

Parent(s)/Guardian(s) Primary:

Last Name _____First Name _____- MI_____

Phone . _____

Address (if different than student)_____

City _____State _____Zip Code _____

Occupation/Employer _____

Email address _____

Parent/Guardian (fill out this separate section if separate households) :

Last Name _____First Name _____- MI_____

Phone . _____

Address (if different than student)_____

City _____State _____Zip Code _____

Occupation/Employer _____

Email address _____

Siblings:

Name	Age	Where Reside

Verification and Signature

I have completed this application truthfully and to the best of my knowledge, all information is accurate.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if applicable: _____ Date: _____

Name of person helping me complete this form (if applicable) _____

How did person help with application (check all that apply)

____ Wrote what I said

____ Paraphrased my words

____ Read the application to me

____ Kept me on Track

____ Assisted with information to complete

____ Other _____