

Institute for Learning Differences - School History Form

Applicant Information

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations and Support

Did the applicant have an IEP/504? Yes/No Was the student an active participant in the planning process? Yes/No

Initial Date of accommodations/services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations received: (Circle all that applies)

Note-taker / Distraction free area / Extended testing time / Test reader / Alternative Test Format

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the student receive modifications to their curriculum? Yes/No If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain any special programs in which the student participated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Academic Characteristics

Please describe your impressions of the student and his/her interactions in an academic setting:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your observations of the student’s disability and its impact on their learning:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What would you consider to be the student’s main challenges when facing college curriculum?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***The following will provide additional insight into the student’s interaction in the classroom as well as in the academic environment which will assist us in best meeting their needs.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The applicant:** | **Frequently** | **Occasionally** | **Rarely**  | **Comment:** |
| Manages time effectively |  |  |  |  |
| Prioritizes responsibilities |  |  |  |  |
| Self-starter – completes assignments without prompting |  |  |  |  |
| Completes assignments in a timely manner without reminders |  |  |  |  |
| Regularly attends school |  |  |  |  |
| Demonstrates focus for at least an hour when working on assignments/reading |  |  |  |  |
| Readily loses direction; inattentive to the task at hand |  |  |  |  |
| Seeks assistance for assignments when needed |  |  |  |  |
| Is capable of recalling lecture materials  |  |  |  |  |
| Self-advocates |  |  |  |  |
| Is responsible for their actions |  |  |  |  |
| Contributes appropriately to class conversations |  |  |  |  |
| Interacts appropriately with peers |  |  |  |  |
| Interacts appropriately with adults |  |  |  |  |
| Demonstrates self-confidence |  |  |  |  |

**Thank you for your participation. Please return the completed form to:**

**Thomas More University**

**Institute for Learning Differences (ILD)**

**333 Thomas More Parkway**

**Crestview Hills, KY 41017**

**859 344-3582-office - 859 344-3690-fax**

**ild@thomasmore.edu**