

Charterhouse School
3900 West Broad Street
Richmond, VA 23230
Phone (885) 367-8637
Fax (804) 239 - 1060
E-mail: c2s@chs4u.org



Courage to Succeed: The College Program for Student's with Asperger's Syndrome APPLICATION FOR ADMISSION

Date: _____

GENERAL INFORMATION

Name: _____ Male Female
 First Middle Last Preferred Name

Home Address: _____
 Street & Number City State/Country Zip Code

Date of Birth _____ Race _____

Home Phone _____ E-Mail _____

Mobile Number _____ Fax _____

FAMILY HISTORY

Applicant lives with: Father Mother Self other _____
(Please check all that apply) specify relationship

Father is deceased Mother is deceased Parents divorced/separated Adopted

Mother's Name _____

Father's Name _____ (Maiden Name) _____

Employer _____ Employer _____

Father's Occupation/Title _____ Mother's Occupation/Title _____

Business address _____ Business address _____

Business phone _____ Fax _____ Business phone _____ Fax _____

Home address, if different from above _____ Home address, if different from above _____

Home phone _____ Home phone _____

Email _____ Email _____

Nearest Relative's

| Name | Address | Relationship | Telephone |
|------|---------|--------------|-----------|
|------|---------|--------------|-----------|

Please provide the following information on all siblings:

Name _____ Age _____ Address if different from applicant _____

Name _____ Age _____ Address if different from applicant _____

Name _____ Age _____ Address if different from applicant _____

MEDICAL/PROFESSIONAL INFORMATION

Please list all therapist and counselors who have seen applicant.

Name _____ Nature of Service _____

Address _____ Age seen _____
Street City State Zip

Name _____ Nature of Service _____ Age seen _____

Address _____
Street City State Zip

Does applicant have any medical conditions? _____

Has applicant been hospitalized? _____

Does applicant take any medications? Purpose? _____

Name and phone # of prescribing physician: _____

Does applicant have any allergies? (List and describe reactions): _____

Medical alert information: _____

Does applicant have any dietary restrictions? If yes, please describe: _____

List any hospitalizations within the last 5 years. Please check the nature of hospitalizations: medical emotional

Date Hospital Address

Date Hospital Address

Does applicant hold a valid driver's license? Yes No Does applicant own/operate a motor vehicle? Yes No

Please check differences as applicable:

- Asperger's Syndrome Neurological Social/Emotional A.D.D./A.D.H.D. PDD
- Visually Impaired Hearing Impaired Speech/Language Anxiety High Functioning Autism
- Depression Other _____

Please indicate support services currently being provided and if you anticipate the need to continue:

| | | | | | | | |
|----------------------|----------|-----|----|----------|------------|-----|----|
| Speech | continue | yes | no | Language | continue | yes | no |
| Occupational Therapy | continue | yes | no | | | | |
| Counseling | continue | yes | no | Group | Individual | | |

EDUCATIONAL INFORMATION

Beginning with the ninth grade, please list every high school and college the applicant has attended.

| Name of School | City/State | Dates Attended | Level Achieved |
|----------------|------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please indicate the extracurricular activities in which applicant participated in high school and/or college:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WORK EXPERIENCE

Please list any jobs or job training (including summer employment) applicant had during the past three years.

| Job Title/Nature of Work | Employer | Dates of Employment | Hrs/Wk | Reason for leaving | Salary/Vol. | Level of Support |
|--------------------------|----------|---------------------|--------|--------------------|-------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

ASSESSMENT

Please rate the applicant on the following characteristics on a scale of one to five (with one low and five high). Enter your ratings under the categories to which you feel qualified to evaluate.

| Examples: | School | Job | Home/Leisure |
|------------------|--------|---------|--------------|
| Initiative | _ 4 _ | _ n/a _ | _ 3 _ |
| Motivation | _ 5 _ | _ n/a _ | _ 3 _ |

| GENERAL | School | Job | Home/Leisure |
|------------------|--------|-------|--------------|
| Initiative | _____ | _____ | _____ |
| Motivation | _____ | _____ | _____ |
| Reliability | _____ | _____ | _____ |
| Perseverance | _____ | _____ | _____ |
| General Attitude | _____ | _____ | _____ |

Comments: _____

Comment on style of interaction and specific strengths and weaknesses in social interactions: _____

JUDGMENT/DECISION-MAKING

| | School | Job | Home/Leisure |
|---|--------|-------|--------------|
| Ability to: make everyday decisions using good judgment | _____ | _____ | _____ |
| act in an emergency using good judgment | _____ | _____ | _____ |
| use people as resources (asking for help when necessary, asking questions/clarification) | _____ | _____ | _____ |

Comments: (Use examples, if possible)

EMOTIONAL ADAPTABILITY

| | School | Job | Home/Leisure |
|---|--------|-------|--------------|
| Ability to: cope with stress | _____ | _____ | _____ |
| adjust well to new situations | _____ | _____ | _____ |
| separate own problems from problems of others (avoid taking everything personally) | _____ | _____ | _____ |

Comments: (Be specific: what types of situations does the applicant find stressful? What coping mechanisms are used?)

TIME MANAGEMENT & ORGANIZATION

| | School | Job | Home/Leisure |
|--|--------|-------|--------------|
| Ability to: attend to daily schedule (arrives at places on time, etc.) | _____ | _____ | _____ |
| plan and carry out activities | _____ | _____ | _____ |
| prioritize | _____ | _____ | _____ |
| keep track of belongings | _____ | _____ | _____ |

Comments: (Be specific about the nature of any difficulties and the kind of supervision required to cope.)

OTHER INFORMATION

Referred to Camp Courage by:

Name

Address

Telephone

Do you want specialized training in a particular area prior to seeking employment? _____

What are your hobbies/interests? _____

APPLICANT STATEMENTS

What goals would you like to achieve at the Asperger's Syndrome Adult Transition Program?

Please describe the nature of your disability and your abilities.

What is the best way for our staff to help you achieve your goals?

PARENT STATEMENTS

What specific outcomes do you desire for your child in each of the following areas:

Independent Living Skills: _____

Educational/Employment: _____

Recreation/Leisure Activity: _____

Finance Management: _____

Intimate Relationships: _____

FOR OFFICE USE ONLY

Applicant Tour Date: _____ Parent's Tour Date: _____

Admission Date: _____ Transition Date: _____