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FOR OFFICE USE ONLY

Date received _____
File number _____

AHEAD Confidential Application Form

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Form completed by: _____ Relationship to applicant: _____
Date completed: _____ Semester and year for which student is applying: _____
How did you hear about AHEAD? _____

Please complete this form to the best of your ability. The last page is for the student to fill out independently. *Please return the completed form along with a \$50 (nonrefundable) application fee and relevant documentation to the address above.* Feel free to include additional information. You may use the backs of these pages or extra sheets.

I. BASIC IDENTIFICATION

Student's Name: _____ Gender: _____ Birth date: _____

Student's contact information: _____
(email address) (cell / phone)

Parent/Guardian: _____ Home phone: _____

Telephone number where parent can be reached during the day: _____

Email address: _____

Mailing address: _____

II. HIGHER EDUCATION APPLICATION INFORMATION

Has the student submitted applications for higher education? (Circle) Yes No
Has the student been accepted for admission into higher education? (Circle) Yes No Pending
Has the student enrolled in higher education? Yes No Pending
If Yes, into which school? _____



III. DIAGNOSTIC HISTORY

This information is beneficial in terms of developing suitable programming for this student. Please include initial evaluations and most recent evaluation, preferably done within the last six months. Records may include psycho-educational evaluations, diagnostic statements, developmental and social histories, and specific reporting of standard scores and scaled scores of instruments used to assess the student.

IV. EDUCATIONAL HISTORY

Preferred subjects and academic strengths: _____

Subjects of greatest challenge: _____

Describe when onset of academic difficulties occurred, and what type of help or accommodations have been utilized. How have difficulties and accommodations changed over time? What service(s) is the student currently receiving?

V. FAMILY HISTORY

Father's name: _____ Age: _____ Education: _____ Occupation: _____
Mother's name: _____ Age: _____ Education: _____ Occupation: _____
Marital Status: (Circle) Unmarried Married Separated Divorced



V. FAMILY HISTORY (continued)

Other immediate family members:

Name	Age	Relationship

Are there any family members, including those listed above, who have experienced similar difficulties as the applicant? If so, please list person, relationship, and type of difficulty.

Is the student adopted? _____ If so, at what age? _____

VI. DEVELOPMENTAL/MEDICAL HISTORY

Is the student currently taking any medications? _____ Please list below:

Medication	Dosage	Reason

Describe any significant medical and/or mental health issues (i.e. hospitalizations, diagnoses, etc.)

Does the student have a history of physically or verbally aggressive behavior? _____

If yes, please describe. _____



VIII. APPLICANT'S STATEMENT

Applicant, you should complete this section in an honest, thorough, and thoughtful manner. Please use your own words.

Please describe your favorite hobbies and interests.

Describe the things you find most difficult to do when interacting with other people.

What are your biggest academic challenges? _____

What field of study interests you? _____

What could AHEAD do to help you? _____
