

Institute for Learning Differences - School History Form

Applicant Information

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 / Ext(e)-5(ivt00000) ~~W~~ *nB/F ~~D~~ Tf ~~D~~ m0 g0 Gn _____)JTf8

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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