

On Campus Application Form

Name:

Address:

City:

Postal Code:

Phone:

Contact Person:

Date of Birth:

Are you PDD Eligible? Yes/No

Guardianship Status: (circle one)

full guardianship

partial guardianship

guardianship in progress

guardianship not applicable

1. What was the last school or program you attended?

2. What are you doing now? (i.e. work-where, school-where)

3. Why have you chosen On Campus?

4. What is your understanding of On Campus?

5. What are your present goals? (i.e. work, further education)

6. How would attending On Campus help you reach your goals?

7. What would you like to do after finishing university?

8. What would you like to learn at the university?

9. Are you interested in meeting new people and doing new things?

10. What level of support do you require? (i.e. assistance with personal needs such as eating, toileting, changing; assistance in all situations and places on campus; assistance in new situations only; independent when in familiar situations)

11. What interests do you presently have? (i.e. clubs, associations, hobbies)

12. Who do you usually do these with? (i.e. family, friends, church group)

13. Do you have any health concerns of which we should be aware?