

ACHIEVE PROGRAM APPLICATION

I. BASIC IDENTIFICATION

Applicant's Name: _____ Sex: M F

Expected Admission to Achieve: Fall Spring Summer Year _____

Birth Date: _____ (MM/DD/YY) High School Graduation: _____ (MM/YY)

Phone: _____ Email: _____
(No school emails, please.)

If Transferring: _____
(Name of most recent college)

Number of college credits completed: _____

1) Parent/Guardian Name: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip Code: _____

Occupation: _____ Highest Level of Education: _____
(High School, GED, Bachelor's, Master's, Doctorate)

2) Parent/Guardian Name: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip Code: _____

Occupation: _____ Highest Level of Education: _____
(High School, GED, Bachelor's, Master's, Doctorate)

How did you hear about the Achieve Program?

School Counselor/ Name: _____

College Fair/ Name: _____

Educational Consultant/ Name: _____

Google

Friend or other/ Name: _____

II. EDUCATIONAL HISTORY

Previous Schools Attended (include college, junior college, high school, and dates attended):

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____
- 4. _____ Date: _____

High School GPA: _____ ACT/SAT Score: _____ College GPA: _____

III. HISTORY OF SUPPORT SERVICES / ACCOMMODATIONS

Please list any special education support services / accommodations received in-school or privately:

Please list any related support services received (e.g., counseling, tutors, therapy, etc.)

Have you ever attended a self-contained classroom or specialized school? If so, please describe:

IV. DIAGNOSTIC INFORMATION

What is your primary diagnosis and when were you diagnosed:

V. MEDICAL HISTORY

Are you adopted? Yes No

Please list any brain injuries /conditions / physical disabilities (e.g. seizures, concussion, brain trauma, stroke, delayed speech, hearing loss, cerebral palsy, etc.):

Please list all past and current medications and the reasons for taking them:

Please list any social or behavioral issues you may have experienced (e.g., isolation, depression, excessive gaming, inappropriate social interactions, anger, misconduct, etc.) and the steps that were taken to resolve the problem:

VI. APPLICANT PERSONAL STATEMENT

Please tell us about yourself. You can include any information about yourself that you wish to share with us. Examples of things you can share:

- Your interests, hobbies, favorite pastimes
- Personal strengths and weaknesses
- Your personal goals and concerns about college
- Things that keep you motivated
- Memorable personal experiences

Format:

- 12 point font
- Double space
- 1 inch margins
- Minimum 450 words
- Please complete this essay on your own.
- Please save this as a Word or PDF document and email to achieve@siu.edu.

VII. PARENTAL STATEMENT

Please tell us about the applicant. You can include any information about the applicant that you wish to share with us to help us better understand how we can assist the applicant. Examples of things you may share about the applicant:

- Academic strengths and weaknesses
- Personal challenges and accomplishments
- Readiness for college and independent living
- Motivation, initiative, attitude, and social interaction skills.
- Any concerns you may have
- Why you think Achieve will be important for the applicant's success in college

Please save this as a Word or PDF document and email to achieve@siu.edu

VIII. BEHAVIOR RATINGS (must be completed by a parent or guardian)

Rate the applicant's skill level in the following areas using the scale below:

	1	2	3	4	5
	Deficient	Poor	Average	Good	Excellent
A) Independent Living	1	2	3	4	5
Sleeping / Waking Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Self-Regulation	1	2	3	4	5
Prioritizing Responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Socializing	1	2	3	4	5
Appropriate behavior in social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer group interactions / communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting involved in activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Consent to Disclose Student Information - Application and Academic Performance

The Family Educational Rights and Privacy Act (FERPA) of 1974 stipulates that no disclosure of a student's educational records can be made without the written consent of the student, unless otherwise provided for in section 99.31 of the FERPA regulations.

By checking and dating this release form, I am providing my voluntary, written consent to the Achieve Program to disclose/obtain information about my educational records, admission status, academic performance, services, and accommodations to/from all appropriate university personnel and specific individuals, as listed below.

- Parents / Legal Guardians named in my Achieve application
- SIUC Units / Departments, including but not limited to:
 - *Admissions*
 - *Advisement*
 - *Bursar*
 - *Dean of Students*
 - *Disability Support Services*
 - *Financial Aid*
 - *Housing*
 - *Registrar*
 - *Student Health Services*
 - *Student Rights & Responsibilities*
- Instructors/Departmental Representatives for courses in which I am registered
- Achieve Program staff and employees

By checking this box, I confirm that I consent to the disclosures listed above.

Client Name: _____ SIU ID: _____

Today's Date: _____

The authorization provided here does not expire until revoked. I understand that I may revoke this release at any time by sending a written request to the Achieve Program by email.

Achieve Application Checklist:

Achieve Program Application
Personal Statement
Parental Statement
Consent to Disclose Student Information Form
Scanned copies of IEP or 504 Plan (last two years of High School)
Scanned copies of Psychoeducational or Neuropsychological evaluations
(within 8 years of application)

Submit all application materials in PDF format to achieve@siu.edu.

Please call us at 618-453-6155 if you need assistance.

Supporting Neurodiverse Learners
Northwest Annex Wing C Room 119 * Mail Code
6832 870 Lincoln Drive, Carbondale, IL 62901
Tel: 618-453-6155 * Fax: 618-453-3711