



**School History Form**

**Applicant Information**

Students 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: Note-taker  Distraction free area  Alternative test format   
 Extended testing time  Test reader  Other: \_\_\_\_\_  
 \_\_\_\_\_

Did the student receive modifications to their curriculum? YES  NO  If so, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Explain any special programs in which the student participated:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Academic Characteristics**

Please describe your impressions of the student and his/her interactions in an academic setting:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe your observation of the student's disability and its impact on their learning

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What would you consider to be the student's main challenges when facing college curriculum?

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Please describe your observation of the student's disability and its impact on their learning

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*The following will provide additional insight into the student's interaction in the classroom as well as in the 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**

**Amy Osborne, Director Institute for Learning Differences  
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 333 Thomas More Parkway  
 Crestview Hills, KY 41017  
 (859) 344-3582/859 344-3690 (fax)  
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