

**CONTACT INFORMATION
(PLEASE PRINT)**

Student Last Name:	Student First Name:	Student Middle Name:
Parent's Name:	Parent's Email:	Parent's Phone Number:
Mailing Address:	Student's Date of Birth	

**EDUCATIONAL BACKGROUND
(TO BE FILLED OUT BY PARENT IF STUDENT IS UNABLE)**

Last Secondary School Attended:	Location:		
Last Grade Completed:	Last Date of Attendance Year: _____ Month: _____	Program Name:	
Did you have a support worker?			
If Yes, how did they help you?			
Post-Secondary Institutions Attended:			
Institution Name	Location	Date Last Attended	Program
What are some strengths you had in school?			

What are some challenges you had in school?

Please provide a brief outline of your most recent education plan:

PERSONAL BACKGROUND

Please describe your personal interests:

Please describe your future goals:

Please describe your disability(ies):

What supports do you need?

INTEREST IN PROGRAM

Please describe why you are interested in this program:

Please tell us or attach information that proves you are committed to attending this program
(ex: letter of reference from educational institution or support worker):

FOR OFFICE USE ONLY

Date Interviewed:

Interviewed by:

Comments: