Application Packet

Fall 2020 Admission

Please compile the application packet and mail to:

Excel at Georgia Tech
Attn: Ashley Johnson
Georgia Institute of Technology
800 West Peachtree St, NW, Suite 4150
Atlanta, GA 30308-1149
Application Checklist

NOTE: An application will only be considered complete when all of the supporting documents have been submitted. When a completed application has been received, it will be reviewed, and personal interviews will be scheduled for qualified applicants.

Applications can be typed or printed neatly and returned by mail.

☐ Applicant Information (pg. 2-8)
☐ Applicant Questionnaire (Completed by Applicant) (pg. 9-16)
☐ Campus Safety Questions (completed by Applicant) (pg. 17)
☐ Application Agreement (Completed by Applicant) (pg. 18)
☐ Parent/Guardian Questionnaire (Completed by Parent/Guardian) (pg. 19-22)

Instructions for Supplementary Documents (pg.23):

☐ Psychological/Behavioral Evaluation conducted within last three years.
☐ Most recent Person-Centered Plan within one year (if available).
☐ Official High School Transcript including last Individualized Education Program and any post-secondary program record(s) including Summary of Performance.
☐ Three (3) letters of recommendation.

IMPORTANT: Before you begin, save this file to your personal computer or print it. Do not attempt to complete the form while it is displayed in your web browser.
APPICANT INFORMATION

Last Name ___________________________ First Name ___________________________
Middle Initial ___________________________

Home Phone ___________________________ Cell Phone ___________________________
Address______________________________________________
City ___________________________ State _______ Zip Code _______
Birth date ___________________________ Email ____________________________________

Are you a United States Citizen?  ☐ Yes ☐ No
If not a U.S. Citizen, do you hold permanent resident status?  ☐ Yes  ☐ No
If not a U.S. Citizen, what is your country of citizenship? ___________________________

What is your native language? ____________________________

Applicant receives support or services from: (please check all that apply)

☐ Supplemental Security Income
☐ Medicaid Waiver
☐ Social Security Disability Insurance
☐ Division of Vocational Rehabilitation
☐ Special Education Services
FAMILY INFORMATION

☐ Check this box if the student applicant has legal guardianship / is self-governing.
☐ Check this box if the contact listed below contains legal guardianship.**
**Please be sure to submit the supplementary documentation listed on page 23.

Contact 1:
Please complete information for the parent or guardian you permanently live with.

Last Name: ___________________________ First Name: ___________________________
MI: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________
Work Phone: ___________________________
Address: ____________________________________________

City: ___________________________ State: _______ Zip Code: ___________
Email: ___________________________________________

Contact 2:
If applicable, please complete the information for Parent/Guardian 2. Write “same” in the Address section if Parent 1 and Parent 2 have same address.

Last Name: ___________________________ First Name: ___________________________
MI: ___________________________

Home Phone: ___________________________ CellPhone: ___________________________
Work Phone: ___________________________
Address: ____________________________________________

City: ___________________________ State: _______ Zip Code: ___________
Email: ___________________________________________
**Guardianship Information**

**Please only complete if the legal guardian’s information is different than the contact information on page 3.**

**Guardian 1:**

*Please complete information for the parent or guardian you permanently live with.*

Last Name: __________________________ First Name: __________________________
MI: __________________________________

Home Phone: __________________________ Cell Phone: __________________________
Work Phone: __________________________

Address: ____________________________________________________________

City: __________________________ State: ______ Zip Code: __________

Email: ______________________________________________________________

**Guardian 2:**

*If applicable, please complete the information for Guardian 2. Write “same” in the Address section if Guardian 1 and Guardian 2 have same address.*

Last Name: __________________________ First Name: __________________________
MI: __________________________________

Home Phone: __________________________ Cell Phone: __________________________
Work Phone: __________________________

Address: ____________________________________________________________

City: __________________________ State: ______ Zip Code: __________

Email: ______________________________________________________________
EDUCATION HISTORY

Please list your high school(s) and any post-secondary educational institutions attended. If applicable, also include any other educational experiences (summer programs, enrichment programs, etc.) and dates of attendance.

<table>
<thead>
<tr>
<th>High school(s) and post-secondary educational institutions attended (Name, City, State)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Graduated from this school?</th>
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Please give a brief explanation for any long-term absences from school, if applicable:

**Significant School Achievements**
*Please list any/all awards and achievements received during your school career.*

**Individualized Education Plan**
*Is attending an Inclusive Post-Secondary Education Program included as a transition goal in your most recent IEP? If yes, please list the goal as written in the IEP.*

**Individualized Education Plan**
*List any social/emotional goals or behavior management goals listed in past/current IEP.*
**EMPLOYMENT HISTORY**

Please complete the following:
List up to three relevant employment or volunteer opportunities.
Note: prior work experience is not a requirement for admission into this program

<table>
<thead>
<tr>
<th>Name of Business/Employer</th>
<th>Basic Job Responsibilities</th>
<th>Start Date</th>
<th>End Date</th>
<th>Why did you leave?</th>
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</tbody>
</table>

**Significant Work Achievements**

*Please list any/all significant achievements received as part of paid employment.*

*Please list any/all significant achievements received as a volunteer.*

Please give a brief explanation of any absences taken from work, if applicable.
VOCATIONAL REHABILITATION

If you are currently on an active Vocational Rehabilitation caseload, please provide the following information:

**VR Counselor's Name and Home Office:**

**VR Phone Number:**

**VR Counselors Email:**

Does VR know you are applying to an Inclusive Post-Secondary Academy?

What services have been provided to date?

Please describe and comment on any medical or physical limitations that may affect participation in campus activities.

*Note: If you must take medications while on campus, you must be independent in administering your medications. Excel at Georgia Tech does not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.*

*If you are currently taking medication are you able to administer your medication independently?*

List allergies here:

Please describe any limitations that keep you from being independent in self-care.
Self-care includes toileting, basic hygiene, diet and weight management. Please note that limitations do not deny admission. If there are limitations, the applicant will need to arrange for services – they will not be provided by Excel.

Do you have any documented intellectual or cognitive disability?

☐ Yes  ☐ No

If yes, what is it documented as?

Voluntary Disclosure of Educational/Behavioral Conditions
Please check all that apply:

- ☐ ADD/ADHD
- ☐ Autism Spectrum Disorder
- ☐ Developmental Delay
- ☐ Eating Disorder
- ☐ Emotional Disturbance
- ☐ Hearing Impairment
- ☐ Homicidal Ideation
- ☐ Intermittent Explosive Disorder

☐ Learning Disabled
☐ Neurological
☐ Oppositional Defiant Disorder
☐ Orthopedic Impairment
☐ Other Health Impairment
☐ Insomnia
☐ Social/Emotional
☐ Speech or Language Impairment

Voluntary Disclosure of Medical Conditions
Please check all that apply:

- ☐ Autism Spectrum Disorder
- ☐ Deafness
- ☐ Developmental Delay
- ☐ Emotional Disturbance
- ☐ Hearing Impairment
- ☐ IBS/GI Issues
- ☐ Intellectual Disability
- ☐ Multiple Disabilities

☐ Orthopedic Impairment
☐ Other Health Impairment
☐ Seasonal Affective Disorder
☐ Orthopedic Impairment
☐ Sleep Disorders
☐ Specific Learning Disability
☐ Speech or language Impairment
☐ Substance Abuse

☐ Suicidal Ideation
☐ Traumatic Brain Injury
☐ Visual Impairment, Including Blindness

Are there any other behavioral, emotional, or medical sensitivity that would influence your participation in Excel? Please be as specific as possible.
APPLICANT QUESTIONNAIRE

To the extent possible, applicants should complete this section without assistance from others.

Academic Skills

Please rank yourself on a scale of 1 – 5:

1: Requires Complete Assistance
2: Needs Moderate Assistance
3: Needs Some Assistance
4: Needs Minimal Assistance
5: Completely Independent

Handling money (counting money, understanding values, using bank account):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Reading:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using basic math (addition, subtraction, multiplication, division):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Writing:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Listening Comprehension:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using the computer
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Motivation to learn and persist on new tasks:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Verbalizing and/or writing personal information (name, address, phone, SSN, etc.):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Following verbal directions:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Following written directions with due dates and assignments:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A
**Independent Living Skills**

Please rank yourself on a scale of 1 – 5:
1: Requires Complete Assistance  
2: Needs Moderate Assistance  
3: Needs Some Assistance  
4: Needs Minimal Assistance  
5: Completely Independent

Negotiating/Finding way around a campus environment:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Ordering and purchasing from a restaurant/ cafeteria/ store:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Managing personal belongings:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Interpersonal Skills (ability to relate to others):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Asking for help or clarification:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using judgment skills in an emergency:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Coping with stress:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Adjusting to new situations:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A
Social and Communication Skills

Please rank yourself on a scale of 1 – 5:
1: Requires Complete Assistance
2: Needs Moderate Assistance
3: Needs Some Assistance
4: Needs Minimal Assistance
5: Completely Independent

Communicating needs in an appropriate manner:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Engaging in appropriate social interaction:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Using cell phone, email, etc.:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Interpersonal Skills (relating to others):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

If you use any assistive technologies, please describe them below:
In what areas do you need the most support?

Additional Remarks: Is there any information we have not asked that would be beneficial in planning a post-secondary education program for you?
Applicant Questionnaire, continued

This section is to be filled out by you and may include additional pages. This is an excellent opportunity to demonstrate writing skills, critical thinking skills and creativity. To the extent possible, you should complete this portion without assistance from others.

Why do you wish to be considered for Excel at Georgia Tech?

As a Georgia Tech student, how will you enhance or contribute to the university community?

What college classes are you interested in taking?

How do you learn best?
Are you willing to participate in a paid job/internship while attending Excel?

What kind of jobs/internships are you interested in while you are in school?

Do you plan on becoming gainfully employed (paid to work) after graduation from Excel?

What jobs do you see yourself working after graduating from college?
What do you like to do in your free time?

What extracurricular activities, if any, were you involved in at your school?

Do you spend time with your friends outside of school?  ☐ Yes  ☐ No

If yes, what do you like to do with your friends?

Discuss two of your goals for the future upon completion of the program.

Have you ever participated in general education classes in your school?  ☐ Yes  ☐ No

If yes, list a few of your favorite subjects here:

If there were accommodations used, what were they?
How did you hear about Excel at Georgia Tech?

☐ Excel Website

☐ Referred by teacher/guidance counselor

☐ Friend

☐ Other (please describe below):

Please describe any assistance you received in completing the “Applicant Questionnaire” section.
The Georgia Institute of Technology is committed to maintaining a safe environment for all members of our community. All applicants must answer these questions. A “yes” answer to one or more of these questions does not automatically deny admission to the institution, but does require review. You are required to provide an explanation for each instance you answer “yes”.

Have you ever been convicted of a crime other than a minor traffic violation?
- ☐ Yes
- ☐ No

Are there any criminal charges pending against you?
- ☐ Yes
- ☐ No

Have you entered a plea of guilty, a plea of no contest, a plea of “nolo contendere”, an Alford plea to a criminal charge, or a plea under a first offender act?
- ☐ Yes
- ☐ No

Do you currently have disciplinary or academic misconduct charges pending against you from a high school, college, or university?
- ☐ Yes
- ☐ No

Have you ever been disciplined, suspended, or expelled for conduct code violations from a high school or a postsecondary educational institution?
- ☐ Yes
- ☐ No

If you answered “yes” to any of the five questions above, please explain below:
Application Agreement

I certify that the responses provided on my application are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed. I understand my failure to provide complete accurate and truthful information on this application will be grounds to deny or withdraw my admission or dismiss me after enrollment. I acknowledge that I will not be considered for admission until I have submitted all credentials. I also agree to inform Excel at Georgia Tech of any change in my plans to participate in the program and any change to my “Campus Safety Questions” responses or change in residency.

_________________________________________  ___________________________
Applicant Signature                          Date

_________________________________________  ___________________________
Guardian Signature (If applicable)           Date
PARENT/GUARDIAN QUESTIONNAIRE

Parents/Guardians should complete this section to describe the strengths of the applicant. Please be as honest and specific as possible.

Academic Skills
Please rank yourself on a scale of 1 – 5:
1: Requires Complete Assistance
2: Needs Moderate Assistance
3: Needs Some Assistance
4: Needs Minimal Assistance
5: Completely Independent

Handling money (counting money, understanding values, using bank account):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Reading:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using basic math (addition, subtraction, multiplication, division):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Writing:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Listening Comprehension:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using the computer:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Motivation to learn and persist on new tasks:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Verbalizing and/or writing personal information (name, address, phone, SSN, etc.):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Following verbal directions:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Following written directions with due dates and assignments:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A
Independent Living Skills

Please rank yourself on a scale of 1 – 5:
1: Requires Complete Assistance
2: Needs Moderate Assistance
3: Needs Some Assistance
4: Needs Minimal Assistance
5: Completely Independent

Negotiating/Finding way around a campus environment:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Ordering and purchasing from a restaurant/ cafeteria/ store:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Managing personal belongings:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Interpersonal Skills (ability to relate to others):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Asking for help or clarification:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using judgment skills in an emergency:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Coping with stress:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Adjusting to new situations:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A
Social and Communication Skills

Please rank yourself on a scale of 1 – 5:
1: Requires Complete Assistance
2: Needs Moderate Assistance
3: Needs Some Assistance
4: Needs Minimal Assistance
5: Completely Independent

Communicating needs in an appropriate manner:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Engaging in appropriate social interaction:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using cell phone, email, etc.:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Interpersonal Skills (relating to others):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

If the applicant uses any assistive technologies, please describe them below:
What areas do you anticipate the applicant needing the most support (independent living, academics, social, job coaching, self-care, etc)?

What supplemental support do you anticipate you will need to provide to your student?

Additional Remarks: Is there any information we have not asked that would be beneficial in planning a post-secondary education program for the applicant?
INSTRUCTIONS FOR SUPPLEMENTARY DOCUMENTS

The following forms and documents are not included with this application packet and must be obtained from various sources, as explained below:

- **Psychological/Behavioral Evaluation**
  - Conducted within three years.
  - A Psychological Assessment is typically conducted by a school psychologist at the high school level. It may include cognitive assessments, emotional and behavioral concerns, and measures of adaptive functioning. Request this information from your current or former high school.

- **Most recent Person-Centered Plan (PCP):**
  - Conducted within one year (if available).
  - A PCP is document created by PCP Specialists. You may or may not have participated in a PCP. If you have, contact the PCP Agency or Specialist who conducted the most recent PCP session with you to request a copy of your most recent PCP. If possible, ask them to mail it directly to us. Otherwise, include a copy with your application.

- **High School Transcript**
  - Contact the registrar at your current or former high school for a copy of your official transcript.

- **Post-secondary Transcript(s) (if applicable):**
  - If you have attended a college or university, contact that institution’s registrar for a copy of your official transcript.

- **Most recent Individualized Education Program (IEP):**
  - Contact your current or former high school to request a copy of your most recent IEP.

- **Guardianship Documentation**
  - One of three options:
    - Letter of guardianship signed by a judge.
    - Power of Attorney Documentation
    - Affidavit of Guardianship

- **Three (3) letters of recommendation**

**If available, please send the original documents.**
Letters of Recommendation

Please have three letters of recommendation completed by references who you have known for one year or longer. Competitive applications will include recommendation letters representing each of the following topics:

(1) Education
(2) Vocation/Employment
(3) Community Involvement

To obtain recommendation letters:
1. Print the recommendation and give to selected references.
   Forms below (pg. 24-30).
   Please notify your references as soon as you start your application.

2. Retrieve Recommendation Forms:
   Please have each of your references seal their letters in an envelope, with the signature of the reference across the seal.

3. Put the sealed envelope containing the recommendation letter in a larger envelope with the rest of the application packet.
Excel at Georgia Tech

Student Recommendation Form for

__________________________
(Applicant’s name)

Completed by:

__________________________
(Recommender’s Name)
Excel at Georgia Tech

Recommendation Form

Excel at Georgia Tech (formerly IPA) is a four-year inclusive college experience designed to expand career, education, and leadership for students with intellectual and developmental disabilities at Georgia Tech. Graduates receive two Georgia Tech Certificates in Social Growth, Academic Enrichment and Vocational Exploration and Social Growth, Leadership & Career Development. Applicants should be highly motivated young adults who have a strong desire to become independent and must possess emotional stability and maturity to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and complete the Applicant Evaluation (on the following page). Attach additional pages as needed. Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Last Name ____________________ First Name ____________________

Organization/Title ____________________ Email ____________________

Phone Number ____________________

**Please feel free to type your answers, or use the back of this page**

1. How long have you known the applicant and in what capacity?

2. Please describe why you feel the applicant would benefit from a postsecondary education experience.
3. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program. (Use the back of this page or attach additional pages)
Applicant Evaluation
Please be as honest and specific as possible in completing this evaluation about the applicant.

Academic Skills
Please rank yourself on a scale of 1 – 5:
1: Requires Complete Assistance
2: Needs Moderate Assistance
3: Needs Some Assistance
4: Needs Minimal Assistance
5: Completely Independent

Handling money (counting money, understanding values, using bank account):
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Reading:
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Using basic math (addition, subtraction, multiplication, division):
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Writing:
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Listening Comprehension:
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Using the computer:
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Motivation to learn and persist on new tasks:
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Verbalizing and/or writing personal information (name, address, phone, SSN, etc.):
☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A

Following verbal directions:
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☐ 1  ☑ 2  ☑ 3  ☑ 4  ☑ 5  ☐ N/A
Independent Living Skills

Please rank yourself on a scale of 1 – 5:
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Negotiating/Finding way around a campus environment:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Ordering and purchasing from a restaurant/ cafeteria/ store:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Managing personal belongings:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Interpersonal Skills (ability to relate to others):
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Asking for help or clarification:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Using judgment skills in an emergency:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Coping with stress:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A

Adjusting to new situations:
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ N/A
Social and Communication Skills

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Communicating needs in an appropriate manner:
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Engaging in appropriate social interaction:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Using cell phone, email, etc.:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Interpersonal Skills (relating to others):
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

If the applicant uses any assistive technologies, please describe them below:
What areas do you anticipate the applicant needing the most support?

**Additional Remarks**: Is there any information we have not asked that would be beneficial in planning a post-secondary education program for the applicant?
Submitting Your Application

To submit your application, place all documents (see Application Checklist on pg. 1) in a large envelope and mail to:

Excel at Georgia Tech
Attn: Ashley Johnson
Georgia Institute of Technology
800 West Peachtree St, NW, Suite 4150
Atlanta, GA 30308-1149

Thank you for your application!