



Former Student Information Questionnaire

Former Student Information

Full name:

Last First M.I.

Address:

Street Address Apartment/Unit #

City State Zip Code

Phone:

()

Email:

Best Contact Person

Name:

Last First M.I.

Address:

Street Address Apartment/Unit #

City State Zip Code

Phone:

()

Email:

Is this person the legal guardian of the former student? Yes / No

Current Situation

Please provide us with as much information as possible regarding the former student's current situation in order to assist us in providing appropriate services.

<input type="checkbox"/>	Employed	Name of Employer: Approx. hrs per week:	
<input type="checkbox"/>	Day Program	Name of Program: (ex: Easter Seals, SECOH, etc)	
<input type="checkbox"/>	Attending school	Name of School:	
<input type="checkbox"/>	Other (please describe):		
<input type="checkbox"/>	Not in a program		

Current Services

List name of provider and amount of service receiving (ex: speech therapy, Dr. Aloha, 30 min/week)

<input type="checkbox"/>	Speech Therapy	Provider name and amount of service:	
<input type="checkbox"/>	Occupational Therapy	Provider name and amount of service:	
<input type="checkbox"/>	Physical Therapy	Provider name and amount of service:	
<input type="checkbox"/>	Skilled Nursing	Provider name and amount of service:	
<input type="checkbox"/>	Counseling	Provider name and amount of service:	
<input type="checkbox"/>	Personal Assistance	Provider name and amount of service:	
<input type="checkbox"/>	Other:	Provider name and amount of service:	

Services that the former student would be interested in receiving

<input type="checkbox"/>	Speech Therapy
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Skilled Nursing
<input type="checkbox"/>	Vocational Counseling
<input type="checkbox"/>	Social/Emotional Counseling
<input type="checkbox"/>	Other Counseling
<input type="checkbox"/>	Earn Credit Toward GED or Diploma
<input type="checkbox"/>	Academic Instruction
<input type="checkbox"/>	Vocational Instruction
<input type="checkbox"/>	Community College (tuition, books, lab fees, coaching)
<input type="checkbox"/>	Community-Based Instruction
<input type="checkbox"/>	Daily Living Skills Instruction
<input type="checkbox"/>	1:1 Assistance
<input type="checkbox"/>	Assistive Technology
<input type="checkbox"/>	Tutoring (please describe):
<input type="checkbox"/>	Other (please describe):
<input type="checkbox"/>	Is transportation required?