



Located at Evangel University

Education Department, Trask Hall, Ste 201H
1111 N Glenstone Ave
Springfield, MO 65802

Mail to: Achieve of Southwest Missouri

Trask Hall, Ste. 201H
1111 N. Glenstone Ave
Springfield, MO 65802

NEW Email: AchieveSWMO@evangel.edu

Website: www.achieveswmo.com

Facebook: Achieve SWMO

Phone: 417-865-2815, ext. 8544

*Transitioning Youth with disabilities
to a life with purpose*

APPLICATION FOR ADMISSION

Thank you for your interest in the Achieve of Southwest Missouri Program on the campus of Evangel University.

Complete this application to the best of your ability. If needed, you may ask a parent or guardian for assistance.

Please **print or type legibly**. If more space is required for responses, attach an additional sheet.

You are encouraged to keep a copy of the completed application for your reference.

STUDENT INFORMATION

Name: _____ Gender: ☐ Male ☐ Female
Last First Middle Preferred

Mailing Address: _____
Street City State Zip Code

Permanent Address: _____
(if different) Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: ____/____/____

Have you ever sought out Vocational Rehabilitation services? ☐ No ☐ Yes

Are you currently receiving Vocational Rehabilitation services? ☐ No ☐ Yes, list the Vocational Rehabilitation Counselor's name, email, and phone number:

Are you currently covered under a medical insurance plan? ☐ No ☐ Yes

How did you learn about Achieve of Southwest Missouri?

☐ School Teacher/Counselor/Principal ☐ Flyer ☐ Service Provider ☐ Conference/Fair ☐ Internet Search

☐ Agency: _____ ☐ Other: _____

FAMILY/GUARDIAN INFORMATION

Are you your own guardian? ☐ Yes ☐ No

If no, list the name of your legal guardian: _____

Whom do you live with? ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Grandparents

☐ Others: _____

What is the name of the primary contact for communication with Achieve? _____

What is the preferred method of communication?

☐ Phone: _____ ☐ Email: _____

☐ Text: _____

Mother/Guardian:

Name: _____
Last
First
Middle

Mailing Address: _____
(if different)
Street
City
State
Zip Code

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Employer/Occupation: _____

Email Address: _____

Father/Guardian:

Name: _____
Last
First
Middle

Mailing Address: _____
(if different)
Street
City
State
Zip Code

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Employer/Occupation: _____

Email Address: _____

Why are you interested in the Achieve Program?

Describe your motivation to participate in the Achieve Program.

Describe any concerns you may have about your participation in Achieve.

Describe how you have prepared for transition to life after High School.

Have you used public transportation on your own to get to school or work? ☐ Yes ☐ No

Are you able to use a cell phone independently? ☐ Yes ☐ No ☐ Do not have a cell phone

Do you understand, you will be required to have a cell phone in the Achieve Program? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No Do you have your own vehicle? ☐ Yes ☐ No

EDUCATION HISTORY OF STUDENT

(include K-12 and any post-secondary experiences)

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	PUBLIC, PRIVATE, or SPECIALIZED	RECEIVED SPECIAL EDUCATION SERVICES?	COMPLETED Yes or No

When will/did you complete your high school education (month/year)? _____

What type of high school diploma will/did you earn? _____

Do/Did you have an IEP in high school? ☐ No ☐ Yes, submit a copy with the application materials.

Do/Did you have a 504 Plan in high school? ☐ No ☐ Yes, submit a copy with the application materials.

Do/Did you have a Behavior Plan in high school? ☐ No ☐ Yes, submit a copy with the application materials.

Identify the type of class setting/placement you participated in during the last two years of high school:

- ☐ Inside a regular/general education class 100% of the time
- ☐ Inside a regular/general education class at least 80% of the time
- ☐ Inside regular/general education class 40% to 79% of the time
- ☐ Inside a regular/general education class less than 40% of the time

Indicate your level of independence in an unfamiliar environment:

- ☐ Complete independence
- ☐ Minimal Supervision
- ☐ Moderate Supervision
- ☐ Complete Supervision
- ☐ Other _____

Do/Did you receive services/supports outside the school setting? ☐ No ☐ Yes, list what services and/or supports are/were received:

Indicate, in your opinion, how you feel you best learn new information:

- ☐ Auditory
- ☐ Visual
- ☐ Memorization
- ☐ Repetition
- ☐ Hands-on
- ☐ Experiential Learning
- ☐ Other _____

Describe any technology or assistive technology you currently use, or have used, to assist in living, learning, or working.

What, if any, accommodations are needed at volunteer or work activities? (e.g., job coach, visual cues)?

EXTRACURRICULAR/VOLUNTEER ACTIVITIES

ORGANIZATION	ACTIVITY DESCRIPTION	DATES	FREQUENCY

EMPLOYMENT HISTORY

EMPLOYER	POSITION and/or JOB RESPONSIBILITIES	DATES OF EMPLOYMENT HOURS/WEEK	REASON FOR LEAVING	PAID or VOLUNTEER	USED A JOB COACH YES/NO

To assist in the placement of a volunteer vocational opportunity, describe the circumstances regarding any difficult volunteer or work experiences you may have had. If none, indicate none.

MEDICAL/DISABILITY HISTORY

Name of Student's Physician: _____ Office Phone: _____

Address: _____
Clinic (if applicable) Street City State Zip Code

Date of last medical exam: _____

Do you require any assistance in self-care? ☐ No ☐ Yes, explain:

Do you require any assistance in mobility? ☐ No ☐ Yes

If yes, does the student use any of the following mobility aids?

- ☐ Prothesis, specify: _____ ☐ Braces ☐ Crutches ☐ Cane ☐ Manual Wheelchair
☐ Motorized Wheelchair/Cart ☐ Other: _____

Do you require a service animal? ☐ No ☐ Yes, specify: _____

Have you ever had a seizure? ☐ No ☐ Yes, explain and provide dates and medical treatment:

Provide information on all medical conditions or diagnoses, other than common childhood illnesses.

MEDICAL CONDITION	DATE OF DIAGNOSIS	DESCRIPTION OF MEDICAL CONDITION	DAILY LIVING IMPACTED? Yes or No

Current Medications student is taking:

☐ No medications are required continuously

MEDICATION	AMOUNT and FREQUENCY	PURPOSE	PRESCRIBED or OVER THE COUNTER

Achieve does not provide assistance with dispensing medications, or perform services typically provided by a nurse or personal care attendant. As a student at Achieve, you will be required to be aware of and manage your own medication and/or personal care needs. Do you understand, and are able to perform, all medication and personal care needs? ☐ No ☐ Yes

Explain: _____

Provide information about any hospitalizations the student has had:

DATE OF HOSPITALIZATION	REASON FOR HOSPITALIZATION

Have you had any incidents of aggressive physical or verbal behavior requiring intervention? ☐ No ☐ Yes, list the date and nature of the situation(s):

Do you have a history of legal violations, arrest, or probation? ☐ No ☐ Yes, list the date and nature of the situation(s):

REFERENCES

A minimum of three (3) references are required to be completed by **non-relatives who have known you for at least six months.**

One reference must be from an educator. Examples of other reference requests could be another educator, supervisor, minister, affiliated organization leader, employer, family friend, or a service provider.

By providing the below requested information, you are indicating consent to contact your references and releasing them from any liability in the information they provide. List below, the requested information for your reference choices:

List references below:

- Name

Title

Organization

Contact email or phone
- Name

Title

Organization	Contact email or phone
3. Name	Title
Organization	Contact email or phone

If applicable, the following person assisted me in completing this application:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration. I understand that I will not receive undergraduate credit for any classes or activities participated in while a student of Achieve of Southwest Missouri.

Student Signature: _____ Date: _____

Printed Name: _____

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling the student's admission or registration. I understand the student will not receive undergraduate credit for any classes or activities participated in while a student of Achieve of Southwest Missouri.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

