



Kutztown University of Pennsylvania
 Disability Services Office
 215 Stratton Administration Building
 Phone: 610-683-4108
 Fax: 610-683-1520

My Place Program: Student Application

This form is only to be filled out by the student applying to the My Place Autism Support Program. There is a separate form for the parent/guardian of applying students to complete and submit. Submission of a form completed by anyone other than the student can lead to denial of acceptance into the My Place Program.

Name _____ KU ID # _____

Home Address _____ City _____ State _____

Major _____ KU Email Address _____@live.kutztown.edu

Student Cell Phone _____ Date of Birth _____

Do you plan to live on-campus? No Yes If yes, do you plan to have a roommate? No Yes Unsure

High School Information

Name of High School _____

City _____ State _____ Graduation Date (month/year) _____

Type of High School (check all that apply)

<input type="checkbox"/> Private	<input type="checkbox"/> College Prep	<input type="checkbox"/> Parochial/Religious
<input type="checkbox"/> Public	<input type="checkbox"/> Suburban	<input type="checkbox"/> Cyber
<input type="checkbox"/> Charter	<input type="checkbox"/> Rural	<input type="checkbox"/> Boarding
<input type="checkbox"/> Specialized School	<input type="checkbox"/> Urban	<input type="checkbox"/> Other: _____

In the last two years of high school, did you have a classroom aide or assistant? No Yes

If yes, in which classes?

In the last two years of high school, did you use a Resource Room? No Yes

If yes, how?

How did you keep track of your assignments? I kept my own paper planner I kept my own electronic calendar

My assignments were all in an electronic platform, like Blackboard, Google Classroom, or Canvas

Which of the following support services/accommodations did you utilize in the last 2 years of high school?

<input type="checkbox"/>	Extra time on exams	<input type="checkbox"/>	Exams given orally	<input type="checkbox"/>	Modified exams (fewer questions/word banks)
<input type="checkbox"/>	Quiet area for testing	<input type="checkbox"/>	Scribe/Reader for exams	<input type="checkbox"/>	Ability to retake exams (due to low grade)
<input type="checkbox"/>	Copy of teacher's notes	<input type="checkbox"/>	Guided notes for class	<input type="checkbox"/>	Teacher provided study guide for exams
<input type="checkbox"/>	Extended time for homework	<input type="checkbox"/>	Modified/reduced homework	<input type="checkbox"/>	Tasks broken down into smaller steps
<input type="checkbox"/>	Daily homework checks	<input type="checkbox"/>	Assistance with organization	<input type="checkbox"/>	Ability to take frequent breaks
<input type="checkbox"/>	Behavioral support	<input type="checkbox"/>	Occupational/speech therapy	<input type="checkbox"/>	One-on-one support or counseling services
<input type="checkbox"/>	Assistance with writing	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Previous College Information (please go to next section if you have not attended college)

Name of College _____

City _____ State _____ Dates of Attendance (month/year) _____

Major/Program of Study _____ Number of credits completed _____ GPA _____

What accommodations did you utilize in college?

<input type="checkbox"/>	Extra time on exams	<input type="checkbox"/>	Quiet testing area	<input type="checkbox"/>	Scribe/Reader for exams
<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	Ability to leave class	<input type="checkbox"/>	Use of a computer/spell check for essay exams
<input type="checkbox"/>	Use of a calculator for math	<input type="checkbox"/>	Note taking assistance	<input type="checkbox"/>	Use of a recording device in class
<input type="checkbox"/>	Assistance with writing	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Personal Experiences

Have you participated in volunteer work? No Yes

If yes, where? What kind of work did you do?

Have you had a paying job? No Yes

If yes, where did you work? What kind of work did you do?

Have you been away overnight without your parents or guardians? No

Yes If yes, when and how long were you away?

Do you have a driver's license? No Yes

If yes, when did you earn it? How often do you drive?

Have you used public transportation independently? No Yes

Friendships and Social Interaction

Which situations/scenarios are you comfortable with? Check all that apply:

<input type="checkbox"/>	Can initiate a conversation	<input type="checkbox"/>	Can maintain a conversation	<input type="checkbox"/>	Can end a conversation appropriately
<input type="checkbox"/>	Make friends easily	<input type="checkbox"/>	Maintain friendships easily	<input type="checkbox"/>	Would like to have more friends
<input type="checkbox"/>	Have five or more friends	<input type="checkbox"/>	Have 1-2 friends	<input type="checkbox"/>	Have no friends outside of school
<input type="checkbox"/>	Enjoy going to events with others	<input type="checkbox"/>	Enjoy going to other's homes	<input type="checkbox"/>	Prefer to be by myself
<input type="checkbox"/>	Like to try new things	<input type="checkbox"/>	Enjoy meeting new people	<input type="checkbox"/>	Would like to be more social
<input type="checkbox"/>	Enjoy talking with teachers	<input type="checkbox"/>	Avoid talking with teachers	<input type="checkbox"/>	Talk to teachers only when needed

Free Time and Leisure Activities:

What do you like to do for fun? Check all that apply.

<input type="checkbox"/>	Play computer games	<input type="checkbox"/>	Exercise/work-out	<input type="checkbox"/>	Cook/bake	<input type="checkbox"/>	Go out to eat
<input type="checkbox"/>	Play video games	<input type="checkbox"/>	Watch movies	<input type="checkbox"/>	Outdoor adventures	<input type="checkbox"/>	Play sports
<input type="checkbox"/>	Watch TV	<input type="checkbox"/>	Ride bike/skateboard	<input type="checkbox"/>	Go for a walk or hike	<input type="checkbox"/>	Read
<input type="checkbox"/>	Program computers/games	<input type="checkbox"/>	Listen to music	<input type="checkbox"/>	Paint/draw/illustrate	<input type="checkbox"/>	Dance
<input type="checkbox"/>	Watch YouTube videos	<input type="checkbox"/>	Go to concerts	<input type="checkbox"/>	Hang out with friends	<input type="checkbox"/>	Watch sports

Other activities you like to do:

Do you prefer to do these activities alone or with friends? Alone With friends

Stress and Frustration

What situations do you find stressful or frustrating? Check all that apply.

<input type="checkbox"/>	Communicating with others	<input type="checkbox"/>	Working in groups	<input type="checkbox"/>	Getting feedback/taking criticism
<input type="checkbox"/>	Participating in social events	<input type="checkbox"/>	Not getting enough sleep	<input type="checkbox"/>	Getting work done on time
<input type="checkbox"/>	Loud noises/music	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Organizing schoolwork
<input type="checkbox"/>	Crowds	<input type="checkbox"/>	Unclear directions	<input type="checkbox"/>	Planning transportation
<input type="checkbox"/>	Adjusting to changes in routine	<input type="checkbox"/>	Meeting new people	<input type="checkbox"/>	Being late
<input type="checkbox"/>	Things not in order/orderly	<input type="checkbox"/>	Parental involvement	<input type="checkbox"/>	Advocating for needs
<input type="checkbox"/>	Doing tasks/work I do not find fun	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

How do you respond to the following emotions? (Fill in the boxes provided).

When you are feeling...	What is your response? (typical behavior)	What coping strategies do you use?
Very anxious		
Frustrated		
Upset		
Misunderstood		
Angry		
Overwhelmed		
Bored		

Medical Information

What is your diagnosed disability/disabilities?

At what age were you diagnosed?

Are you currently working with a therapist or mental health provider? No Yes

If yes, what arrangements have you made to continue your therapy while attending KU?

Do you take daily medication? No Yes

If yes, do you take it independently (without reminders from your parents or guardians)? No Yes

How does your disability impact you in the following areas?

Academically	
Socially	
Behaviorally	
In daily living	

Short Answer Section:

In a separate document, please answer each of the following questions and submit them alongside this application. Responses must be completed independently by the applicant, without the aid of parents/guardians, school personnel, or other aids, including electronic/artificial intelligence; failure to do so may result in rejection of acceptance into the program, following [Kutztown University's Academic Honesty policy for undergraduate students](#). All answers should be between 75-150 words per question.

1. Why are you choosing to attend Kutztown University and what do you hope to gain from your college experience?
2. Why do you want to participate in the My Place Program? What do you hope to gain from being a member of the My Place program?
3. Tell us about an experience you have had where you were faced with a large problem. What was the problem or issue? What were the steps you took to overcome or resolve it? What was the outcome?
4. What was the most beneficial support that you received and used in high school? How did this support help you to be successful?
5. If you're planning to live on campus, what do you think the best environment for you would be? What are your biggest concerns with independent living? What are you looking for in a potential roommate/ suite mate?
6. What do you think will be the hardest part of transitioning to college for you? (Examples: social interactions, academic skills, independent living.) Do you have any supports in place that will help you through this?

My Place Agreement and Disclosure Statement

Please read through the agreement and disclosure statement below in its entirety; then, initial next to each statement, then provide your signature and date at the bottom of the form.

_____ I understand that acceptance to Kutztown University does not guarantee a spot in the My Place Program. If my decision to attend KU is dependent upon admission to the My Place Program, I understand that I do not need to pay my Advanced Registration Deposit (ARD) until I have received written notification of my acceptance into the My Place Program from the Disability Services Office.

_____ I understand that if my needs (as determined by the My Place staff) cannot be met, even with traditional college supports, participation in a more intensive or specialized program than My Place may be warranted. Alternatives to the My Place Program may include referrals to more support-intensive college or community programs, **and** the opportunity to reapply to the My Place Program after addressing those needs.

_____ I understand that My Place Program is **not** a counseling or therapeutic program. Students who require on-going counseling or therapeutic services will be referred to off-campus providers in accordance with university guidelines; if a student is already connected to therapeutic or counseling services before college, we recommend that relationship continue through the transition. Off-campus services are at the student's expense.

_____ I understand that My Place Program does not offer specialized or monitored housing. Students living on-campus are expected to live independently in a residence hall setting. Students may request a single room assignment through the DSO accommodation process (single housing not guaranteed).

_____ I understand that I must abide by university regulations and policies, including the Student Code of Conduct. Violations will be referred to the Dean of Students Office in accordance with university guidelines. More information regarding the code of conduct is available in the Kutztown University student handbook, *The Key*, available at www.kutztown.edu/thekey.

_____ I understand that if accepted into the My Place Program there will be costs incurred by me. These costs, in addition to tuition, housing, dining and other fees, will be placed on my student account, MyKU. They must be paid on time to continue to receive the services and benefits of the program. Non-payment will result in normal collection efforts by the University and in conjunction with the Terms & Conditions of enrollment. Costs for the My Place Program can be viewed at www.kutztown.edu/DSO/myplace and are subject to change.

_____ I understand that the My Place Program is comprised of group and one-on-one meetings focused on social, academic, and employability skills. The contact hours for the program and specific program components are outlined at www.kutztown.edu/DSO/myplace. I agree to participate in the My Place Program and activities. I understand that no fees will be refunded if I choose not to participate.

_____ I understand that in the process of arranging for specific accommodations, the DSO may need to disclose limited information about me to other campus personnel. The information disclosed will not be more than is necessary to process the request.

_____ I understand that regardless of admission to and participation in support programs and/or services, that a strong academic record, even combined with comprehensive supports, does not guarantee college success or professional employment.

Signature

Date

Kutztown University does not discriminate in employment or educational opportunities on the basis of sex, race, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity, or veteran status. To discuss a complaint of discrimination, please contact the University's Title IX Coordinator located in the Office of Social Equity, Old Main A-Wing, Room 02, by phone at 610-683-4700 or by e-mail at pena@kutztown.edu or the Office for Civil Rights located in the Lyndon Baines Johnson Department of Education Bldg, 400 Maryland Avenue, S.W., Washington, DC 20202-1100, by phone at 800-421-3481 (TDD: 800-877-8339), by fax at 202-453-6012, or by e-mail at OCR@ed.gov.

Please submit this completed form via fax: 610-683-1520; email: dso@kutztown.edu; mail to: DSO, 215 Stratton Admin. Ctr., Kutztown University, Kutztown, PA 19530; or by using the online submission form on the DSO website (www.kutztown.edu/DSO) under "Requesting Accommodations" --> "Student Accommodations"