

MY PLACE Student Application FORM

Please complete this form as thoroughly and honestly as possible so that My Place staff can get to know you, and can begin to understand the scope of accommodations and supports that may be required for you to be successful in the college environment.

PLEASE PRINT or TYPE

Name _____ KU ID # _____

Student Cell Phone _____ KU Email Address _____ @live.kutztown.edu

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

1. Why did you choose to attend Kutztown University and what do you hope to gain from your college experience?

2. Why do you want to be part of the My Place Program and what do you hope to gain from participating in this program?

High School Information

Name of High School _____ Graduation Date (month/year) _____

High School Accommodations

3. Did you have a classroom or one-on-one aide while in high school? No Yes

- If yes, in which classes did you have a classroom aide or assistant? _____

- In which years of high school did you have a classroom aide or assistant? (check all that apply)

~ Freshman Sophomore Junior Senior

4. Did you have ability to re-take exams (due to low grades) or have modified grading of exams while in high school? No Yes

- If yes, in which classes did you have the ability to retake exams or modified grading of exams? _____

- In which years of high school did you use this accommodation? (check all that apply)

F Freshman Sophomore Junior Senior

5. Did you receive teacher's notes and/or guided notes while in high school? No Yes

- If yes, in which classes did receive teacher's notes and/or guided notes? _____

- In which years of high school did you utilize teacher's notes and/or guided notes? (check all that apply)

r Freshman Sophomore Junior Senior

6. Did you have extended time on assignments and/or modified assignments while in high school? No Yes

- If yes, in which classes did you have a extend time on assignments and/or modified assignments? _____

- In which years of high school did you have extended time on assignment and/or modified assignments? (check all that apply)

F Freshman Sophomore Junior Senior

7. Did you have teacher provided study guides while in high school? No Yes

- If yes, in which classes did you have teacher provided study guides? _____

- In which years of high school did you have teacher provide study guides? (check all that apply)

F Freshman Sophomore Junior Senior

8. Did you have access to a resource room or quiet room while in high school? No Yes

- In which years of high school did you have access to the resource or quiet room? (check all that apply)

F Freshman Sophomore Junior Senior

9. In the space below, please list the activities in which you participated during high school, how many years/seasons you were involved, and any leadership positions you held.

High School activities (include musical/theatrical organizations, student government, clubs, honor societies, & athletics)	How many years did you participate in this activity?	What leadership roles, if any, did you hold (i.e. officer, section leader, captain, manager)?

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?

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

Personal Experiences

10. Have you participated in volunteer work? No Yes

- If yes, where did you volunteer? What type of work did you do? _____
- How long were you involved in this volunteer work? _____

11. Have you had a paying job? No Yes

- If yes, where did you work? What type of work did you do? _____
- How long were you employed? _____

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

- If yes, when and how long were you away? _____

13. Do you have a driver's license? No Yes

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

14. Have you used public transportation without assistance from a parent or guardian? No Yes

- If yes, how often do you use it? _____

Friendships and Free Time

15. Do you have friends that you see outside of school activities? No Yes

- If yes, how many friends and what type of activities do you do together? _____

16. What do you like to do for fun? _____

- Do you do these activities with other people? No Yes
- If yes, with whom do you do these activities (i.e. friends, siblings, parents)? _____

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

Communicating with others	Working in groups	Getting feedback/taking criticism
Participating in social events	Not getting enough sleep	Getting work done on time
Loud noises	Lighting	Organizing school work
Crowds	Unclear directions	Planning transportation
Adjusting to changes in routine	Meeting new people	Being late
Things not in order/orderly	Parental involvement	Advocating for needs
Other:	Other:	Other:

18. What strategies do you use to calm yourself down in stressful or frustrating situations? _____

Medical Information

19. What is your diagnosed disability(ies)? _____

- At what age were you diagnosed? _____

20. 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? _____

21. Do you take daily medication? No Yes

- If yes, do you take it independently (without reminders from your parents or guardians)? _____

22. How does your disability impact you in the following four areas?

Academically	
Socially	
Behaviorally	
In daily living	

My Place Agreement and Disclosure Statement Please initial each statement and sign and date below.

I understand that acceptance to the 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 through this program and 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. 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 (which are 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 my enrollment. Costs for the My Place Program can be viewed at www.kutztown.edu/DSO/myplace.

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 the admission to and participating in support programs and/or services, that a strong academic record, even combined with comprehensive supports, does not guarantee college success or professional employment.

I understand that my application for the My Place program will not be reviewed until all application documents have been submitted. See the application check-list.

Signature _____ **Date** _____

Please submit this completed form via fax: 610-683-1520, email: dso@kutztown.edu, or mail to: DSO, 215 Stratton Admin. Ctr., Kutztown University, Kutztown, PA 19530.