



My Place Application: Parent/Guardian Questionnaire

Student's Name

KU ID #

Family Information

Please provide information for parents/guardians and siblings.

Name of family member	Relationship to student	Does this family member reside in the same household as the student? (check best response)		
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Not at all

Medical Information

What is your student's diagnosed disability(ies)?

At what age was your student diagnosed?

Is your student currently working with a therapist and/or with mental health provider? No Yes

If yes, what type of therapy and arrangements have you made to continue your student's therapy while attending KU?

Does your student take daily medication? No Yes

Can the student manage their own medication without reminders from you or other adults? No Yes

How does your student's diagnosis affect you and your family?

In your opinion, what high school accommodations (if any) were most helpful to your student?

Please rate your student on their current level of independence with these tasks.

My student completes this task independently, without guidance or assistance....	Always	Very Frequently	Occasionally	Rarely	Never
Prioritizing homework and assignments					
Maintaining a planner, assignment book, and/or calendar of due dates					
Preparing for exams					
Completing writing assignments					
Communicating with teachers or other school support personnel about problems or concerns					
Making decisions					
Completing all steps of a project					
Adjusting to change					
Doing laundry and maintaining bedroom cleanliness					
Using the phone to schedule appointments					
Engaging in activities to manage stress					
Carrying out personal hygiene activities					
Going to bed and getting up in the morning					
Implementing self-calming or destressing strategies when needed					

What do you hope your student will gain through participating in the My Place Program?

What strengths and skills does your student currently possess that will support their transition to the college environment (academic, social, daily living)?

Which areas could be improved or will need to be addressed as your student transitions to the college environment (academic, social, daily living)? Please be specific.

Do you believe your student is academically ready for college? No Yes

Explain:

Do you believe your student is behaviorally ready for college? No Yes

Explain:

Name of Individual Completing this Form (print):

Signature of Individual Completing this Form (sign):

Email of Individual Completing this Form:

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.