

APPLICATION FOR ADMISSION



FINDING HOPE. FULFILLING DREAMS.

Thank you for your interest in applying to Shepherds College.

Your application to Shepherds College is very important to us. We believe that our program will help prepare you for the next step in your life journey.

This application packet contains important information and forms that must be completed to apply to the college. In order to complete the application process, please make sure the following information is completed and sent to the admissions office.

- Complete the enclosed application.
- Submit a non-refundable application fee of \$75. A check or money order should be made out to Shepherds College.
- Request an official high school transcript. Transcript must be sent directly to the Shepherds College Admissions Office.
- Completed reference forms to be submitted directly to the Admissions Office and completed by the following individuals:
 - Teacher
 - Guidance Counselor or Supervisor
 - Personal
- Copy of most current IEP
- Copy of most recent psychological exam

Please contact the Shepherds College Admissions Office if you have questions about this application or the enrollment process.

Applicant Information

Name_____

Address_____

City_____ State_____ Zip_____

Student's Cell Phone_____ Email Address_____

Date of Birth_____ Age_____

SSN_____ - _____ - _____ Shirt Size_____

How did you hear about Shepherds College?_____

Family Information

Parent 1/Guardian 1_____ Parent 2/Guardian 2_____

Address_____ Address_____

Cell Phone_____ Cell Phone_____

Email_____ Email_____

Employer_____ Employer_____

Occupation_____ Occupation_____

General Student Information

Have you lived on your own? Yes No If yes, please describe_____

Please list your hobbies and interests:_____

Do you have a valid Driver's License? Yes No

Have you ever been suspended from High School? Yes No If yes, please describe the reason for your suspension:

Do you have any record of arrest or probation? Yes No

If yes, please explain:_____

Are you your own guardian? Yes No If no, what areas do you have guardianship? _____

Are you a U.S. Citizen? Yes No If no, in what country are you a citizen? _____

Have you had a psychological exam? Yes No

Employment History

Are you currently employed, or have you been previously employed? Yes No If yes, please list current or most recent:

Company _____ Supervisor _____

Duties _____

Start Date _____ End Date _____ Full Time Part Time

Did you receive support from a job coach? Yes No

Education History

Do you have, or will you be receiving, a high school diploma, GED or equivalent? Yes No

Name of School _____

Address _____ Graduation Date _____

List names of schools/training centers, beginning with most recent: *Name, City/State, Dates Attended, Graduation (if applicable)*

Personal Essay

To be completed by student without assistance: Why would you like to attend Shepherds College? (attach separate page if needed)

The statements contained in this application are complete and accurate. Falsification of information on this application may result in disciplinary action, denial of admission and invalidation of certificate of completion. I understand that the \$75 application fee is non-refundable. I hereby authorize Shepherds College to run a criminal background check.

Applicant's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

Shepherds College is dedicated to fostering a safe, equitable, and inclusive campus experience for all ethnic groups. Shepherds College does not discriminate on the basis of race, color, national or ethnic origin in the administration, admission, scholarship or any other programs or activities offered by the college.

Applicant's Medical History

A. Diagnosis of specific intellectual/developmental disability: _____

B. Is applicant subject to seizures? Yes No If yes, answer the following:

1. When were the seizures first noticed? _____

2. Describe their nature, severity and frequency. _____

3. Approximate date of last seizure: _____

4. Are seizures controlled with medication? _____

5. Name and phone number of neurologist: _____

C. Does applicant have any heart problems? Yes No If yes, answer the following:

1. Medical diagnosis related to the heart? _____

2. Name of cardiologist: _____

D. Does applicant have any eating disorders? (Pica, Prader Willie Syndrome, anorexia, bulimia, etc.) Yes No

1. Does applicant have swallowing/choking problems? Yes No If yes, list special needs related to this problem:

E. Does applicant follow a special diet? Yes No If yes, please complete the following:

1. Does a doctor prescribe the diet? _____

2. For what condition was the diet prescribed? _____

3. What are the dietary restrictions? _____

Applicant's Medical History (continued)

F. Does applicant have a hearing impairment? Yes No If yes, please comment: _____

1. Does applicant use a hearing aid? _____

2. Does applicant know and use sign language? Yes No If yes, what method is used? _____

G. Does applicant have a vision impairment? Yes No If yes, please comment: _____

1. Does applicant wear glasses/contact lenses? Yes No _____

H. Does applicant have any physical restrictions? Yes No If yes, please answer the following:

1. Does applicant use a scooter, wheelchair, walker, cane or crutches? Yes No If yes, please explain to what extent these aides are used: _____

I. Does applicant have any allergies (food, pollen, drug sensitivities)? Yes No If yes, please explain: _____

J. Does applicant have history of aggressive physical or verbal behavior that include hitting, yelling or throwing things? _____

1. What internal and/or external factors contribute to these behaviors: _____

K. Does applicant have any psychological diagnoses, or has applicant been treated for a psychological condition? Yes No
If yes, please answer the following:

1. What kinds of behaviors are associated with diagnosis? _____

2. Does applicant have a history of suicide ideation or self harm? Yes No If yes, please explain: _____

L. Name, complete mailing address, and telephone number of medical doctor who has applicant's complete medical history: _____

Medication	Dose	Time Dispensed	Purpose

Name of Applicant _____

Completed by _____

Daily Living Skills

Please check the appropriate level of independence. Additional comments may be written on reverse side.

Code Key:

Independent = is able to complete task without supervision

Semi-dependent = is able to complete a task with verbal prompts and assistance

Totally Dependent = needs complete care giver

Skill	Independent	Semi-dependent	Totally dependent
Able to set and wake up to alarm			
Bathing			
Shower			
Hair			
Shampoos			
Dries Hair Properly			
Combs or Brushes Hair			
Dressing			
Chooses Appropriate Clothing for Activity			
Buttons and Zips Clothing			
Ties Shoes			
Dresses Self			
Hangs Clothes On Hanger			
Matches Clothes			
Shaving			
Face (electric or disposable razor)			
Underarms (female)			
Legs (female)			
Hygiene			
Brushes Teeth			
Flosses			
Applies Deodorant Regularly			

Applicant Information

After you have completed the information below, please give this form to a guidance counselor or employment supervisor to complete as part of admission process to Shepherds College.

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alt. Phone _____

I recognize the confidential nature of this reference, and I waive my right to view this document. Yes No

Applicant's Signature _____ Date _____

Guidance Counselor/Supervisor Information

Name of Guidance Counselor or Supervisor _____

Position _____ School Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____ How long have you known the applicant? _____

Please describe your relationship to the applicant _____

In your opinion, what is the applicant's ability to make decisions with good judgement (everyday decisions, emergency and asking for help)? _____

In your opinion, how motivated is the applicant to take on new challenges like Shepherds College? _____

In your opinion, what are the applicant's abilities in the area of life skills (time management, shopping, budgeting, dressing, hygiene, etc.)? _____

How well does the applicant interact with peers/coworkers? Supervisors/Teachers? _____

Based on what you know about the applicant, would you recommend the applicant for Shepherds College?
 Highly Recommended Recommended Recommended with Reservations Not Recommended

Please make any additional comments that might be helpful to the application review team at Shepherds College.

Applicant Information

After you have completed the information below, please give this form to a personal friend to complete as part of admission process to Shepherds College.

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alt. Phone _____

I recognize the confidential nature of this reference, and I waive my right to view this document. Yes No

Applicant's Signature _____

Date _____

Personal Reference Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____ How long have you known the applicant? _____

Please describe your relationship to the applicant _____

In your opinion, what is the applicant's ability to make decisions with good judgement (everyday decisions, emergency and asking for help)? _____

In your opinion, how motivated is the applicant to take on new challenges like Shepherds College? _____

In your opinion, what are the applicant's abilities in the area of life skills (time management, shopping, budgeting, dressing, hygiene, etc.)? _____

How well does the applicant interact with peers/coworkers? Supervisors/Teachers? _____

Based on what you know about the applicant, would you recommend the applicant for Shepherds College?

Highly Recommended Recommended Recommended with Reservations Not Recommended

Please make any additional comments that might be helpful to the application review team at Shepherds College.



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