



REACH: Realizing Educational and Career Hopes

N297 Lindquist Center North, College of Education

The University of Iowa

Iowa City, IA 52242

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GENERAL APPLICATION FOR ADMISSION

This application should be completed in collaboration with the student and parent(s) or guardian(s). **Please print or type legibly.** If more space is required for responses, please attach an additional sheet.

STUDENT INFORMATION:

Name: _____ Gender: Male Female

Last

First

Middle

Mailing Address: _____

Street

City

State

Zip

Permanent Address: _____

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth*: ____/____/____

Social Security Number (SSN)*: ____/____/____ Are you a resident of Iowa? Yes No

*The student's SSN and date of birth are confidential and protected under federal law from being disclosed to unauthorized parties. Your SSN will not be used as your student ID number. Your SSN will be safeguarded by the University and will not be displayed on official records or made available to others.

Is the student currently in foster care? Yes No

Is the student his/her own guardian? Yes No If No, the student's guardian is: _____

Is the student a U.S. Citizen? Yes No If no, Permanent Resident Immigration Status? Yes No

What language(s) does the student speak? _____

Racial/ethnic information (optional):

- Alaskan Native or American Indian
- African American/Black
- Asian
- Hispanic/Latino(a)
- Native Hawaiian or Other Pacific Islander
- White, not of Hispanic/Latino(a) origin

FAMILY/GUARDIAN INFORMATION:

Please identify the name of the primary contact for communication with REACH? _____

What is the preferred method of communication? ___ Phone ___ E-mail

Mother/Guardian:

Name: _____

Last

First

Middle

Mailing Address: _____

Street

City

State

Zip

Employer/Occupation: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Father/Guardian:

Name: _____

Last

First

Middle

Mailing Address: _____

Street

City

State

Zip

Employer/Occupation: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Siblings:

How many siblings does the applicant have? _____

Please indicate the age, gender, and any other relevant information.

Age	Gender	Any Other Relevant Information

Why are you interested in the REACH Program for this student? _____

Describe the student's motivation for the REACH Program. _____

Describe the student's attitude toward moving to college. _____

Describe the family's attitudes and concerns about the student moving away to attend college.

Describe any concerns you may have that would impact the applicant's ability to be successful REACH.

Describe your preparations in assisting this student in making the transition to college life.

Please indicate if the student has stayed overnight away from his/her primary caregiver(s) for:

Camp School Vacation Other: _____

If yes, where did the student stay and for how long? _____

Were there any adjustment issues? No Yes If so, please explain. _____

Has the student used public transportation on their own to get to school or work? Yes No

Does the student use a cell phone independently? Yes No

Do you understand that the student will be required to have a cell phone in the REACH Program? Yes No

Does the student have a driver's license? Yes No Have his/her own vehicle? Yes No

How did you learn about the REACH Program at The University of Iowa?

School Teacher/Counselor/Principal Flyer Service Provider Conference/Fair Agency
 Internet Search Other: _____

EDUCATION HISTORY OF STUDENT:

(Include primary, secondary, and any post-secondary experiences)

Name of School	Location	Description of Program—public, private, transition, etc	Years Attended	Completed Y or N

List the classes in which your student participated in the general education setting in the last two years of high school.

Did the student have an associate in the regular classroom? No Yes If yes, how many hours per week? _____

What type of special education assistance did the student receive outside of regular education classrooms?

Please identify the type of instruction the student received in the resource classroom:

_____ One to one instruction Hours per week? _____

_____ Small group instruction Hours per week? _____

Please indicate the student's level of independence of completing homework assignments.

_____ Completely independent _____ Reviewing with adult _____ Direct assistance provided

Does your student have an IEP? No Yes (If so, a copy must be submitted with the application materials.)

Does your student have a 504 Plan? No Yes (If so, a copy must be submitted with the application materials.)

When did or will the student complete his/her high school education? (Month/Year) _____

Was a high school diploma awarded or, if the student has not graduated, is a high school diploma expected?

Yes No

What type? Standard Modified Standard Special Other _____

Was a certificate of attendance awarded or, if the student has not graduated, is a certificate expected? Yes No

SUPPORT SERVICES*:

Please provide information on the support services your student received in school.

Type of Service:	Duration of Service:	Description of your student's accommodations:
Occupational Therapy		
Physical Therapy		
Speech and Language		
Assistive Technology		
Other: _____		

PRIVATE THERAPUETIC SERVICES*:

Please provide information on the services your student received outside of school.

Type of Service:	Duration of Service:	Does the service need to continue? Y or N	Reason the service needs to continue:
Occupational Therapy			Occupational Therapy
Physical Therapy			Physical Therapy
Speech and Language			Speech and Language
Assistive Technology			Assistive Technology
Other: _____			Other: _____

*REACH Program fees and tuition do not include the cost of these services if continued.

Please indicate, in your opinion, the most effective learning strategies for your student:

- Auditory Reading Visual Aid
 Memorization Repetition Experiential Learning

Describe how your student compensates for learning or cognitive disabilities when managing a task.

EXTRACURRICULAR/VOLUNTEER ACTIVITIES:

Organization	Description of Activity	Dates	Hours/Week

EMPLOYMENT HISTORY:

List all successful or unsuccessful employment experiences.

Name of Employer	Position and Job Responsibilities	Dates of Employment; Hours/Week	Reason for Leaving	Paid or Volunteer	Used a job coach? Yes or No

What accommodations were provided at work? _____

To assist us with internship placement, please describe the circumstances regarding any unsuccessful work/volunteer experiences. _____

Does the student receive Iowa Vocational Rehabilitation services? Yes No

If yes, please list the VR counselor's name and phone number: _____

MEDICAL/DISABILITY HISTORY:

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

Address: _____ City: _____ State: _____ Zip Code: _____

Date of last medical exam: _____

Does the student have problems with incontinence? No Yes, please explain. _____

Does the student require any assistance in mobility? Yes No

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

Prosthesis (specify: _____) Braces Crutches Cane Manual Wheelchair Motorized wheelchair/cart

Does the student require any canine assistance? No Yes, please explain. _____

Has the student ever had a seizure? No Yes, please explain and provide dates and medical treatment.

Please provide information on all medical conditions or diagnosis, other than common childhood illnesses.

Medical Condition:	Date of Diagnosis:	Description of the Medical Condition:	Does this impact the daily living of the student? Y or N

Please list any prescription medications student **is taking**: _____

Please list any prescription medications student **has taken in the past** and explain the reason for medications that were stopped: _____

Please indicate the student's ability on each task below.

Medication Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Not Applicable
Organizing medications daily or weekly					
Understands what medication to take at correct times daily					
Understands what medication to take in response to symptoms					

Does the student understand why he/she is taking the medication? Yes No

Please explain. _____

Please provide information about any hospitalizations the student has had.

Dates of Hospitalization	Reason for Hospitalization

Has the student had any incidents of aggressive physical or verbal behavior? No Yes, please list the year and nature of the situation(s). _____

Does the student have a history of legal violation, arrest, or probation? No Yes, please list the date and nature of the situation(s). _____

REFERENCES:

Three reference forms should be completed by non-relatives who have known the applicant for at least six months. One reference must be from an educator. Other references should be an educator, supervisor, employer, family friend, or a service provider. These forms should be sent directly to the REACH Program by the references. The reference forms must be received by the application date you wish for your application to be considered (See Application Checklist).

1. _____
Name Title
2. _____
Name Title
3. _____
Name Title

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 courses taken within the REACH Program.

Student Signature: _____ Date: _____

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 student's admission or registration. I understand that my student will not receive undergraduate credit for any courses taken within the REACH Program.

Parent or Guardian Signature: _____ Date: _____

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