

# APPLICATION FOR ADMISSION



FINDING HOPE. FULFILLING DREAMS.

# Shepherds College Application Process

## 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
- Result of TB skin test and results
- Result of Hepatitis B series completed
- Result of Tetanus shot up-to-date

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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. 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 \_\_\_\_\_

\_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

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			
<b>Bathing</b>			
Shower			
<b>Hair</b>			
Shampoos			
Dries Hair Properly			
Combs or Brushes Hair			
<b>Dressing</b>			
Chooses Appropriate Clothing for Activity			
Buttons and Zips Clothing			
Ties Shoes			
Dresses Self			
Hangs Clothes On Hanger			
Matches Clothes			
<b>Shaving</b>			
Face (electric or disposable razor)			
Underarms (female)			
Legs (female)			
<b>Hygiene</b>			
Brushes Teeth			
Flosses			
Applies Deodorant Regularly			





### Applicant Information

After you have completed the information below, please give this form to an educator 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 \_\_\_\_\_

### Educator Information

Name of Educator \_\_\_\_\_

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? \_\_\_\_\_

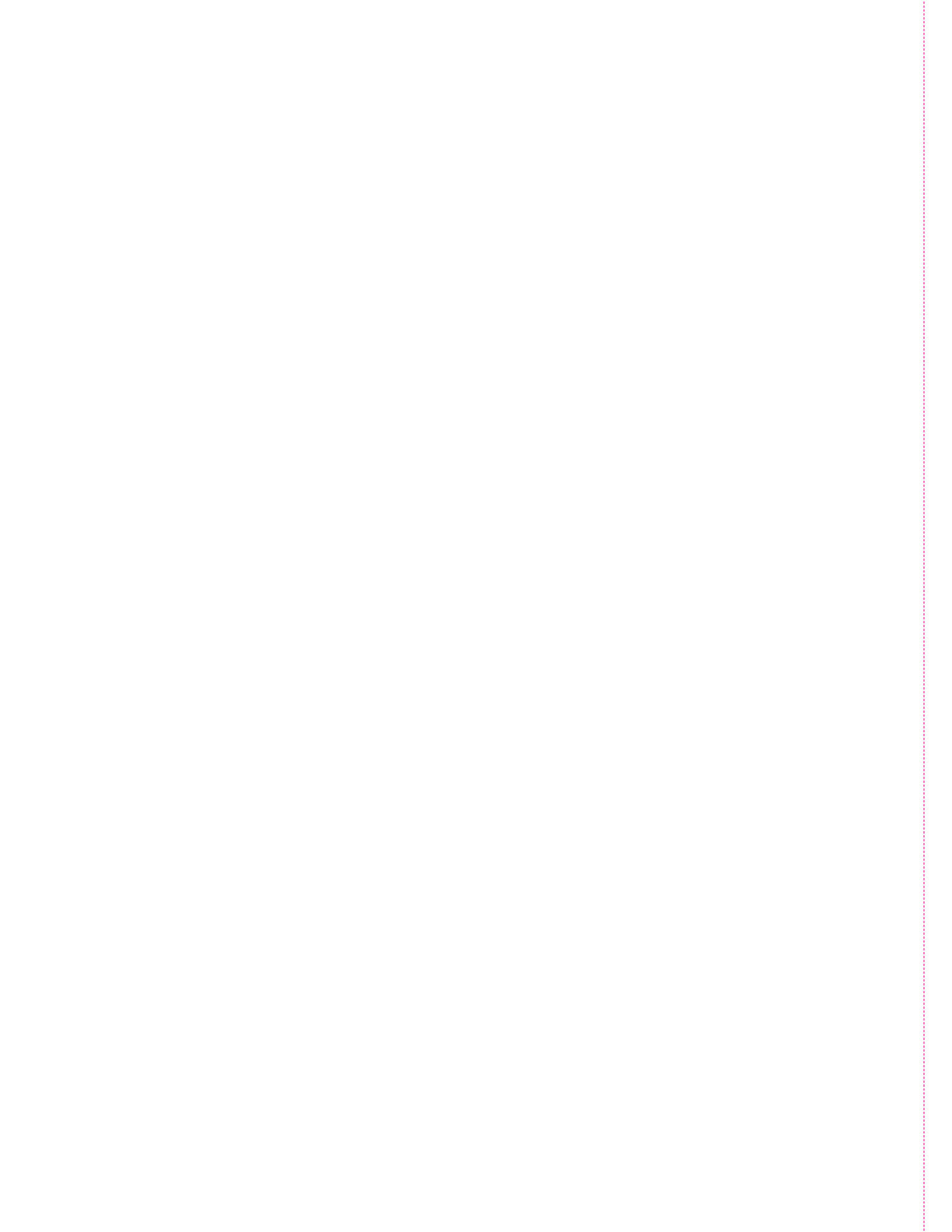
In your opinion, what are the applicant's abilities in the area of life skills (time management, shopping, budgeting, dressing, hygiene, etc.)? \_\_\_\_\_

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 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.)? \_\_\_\_\_

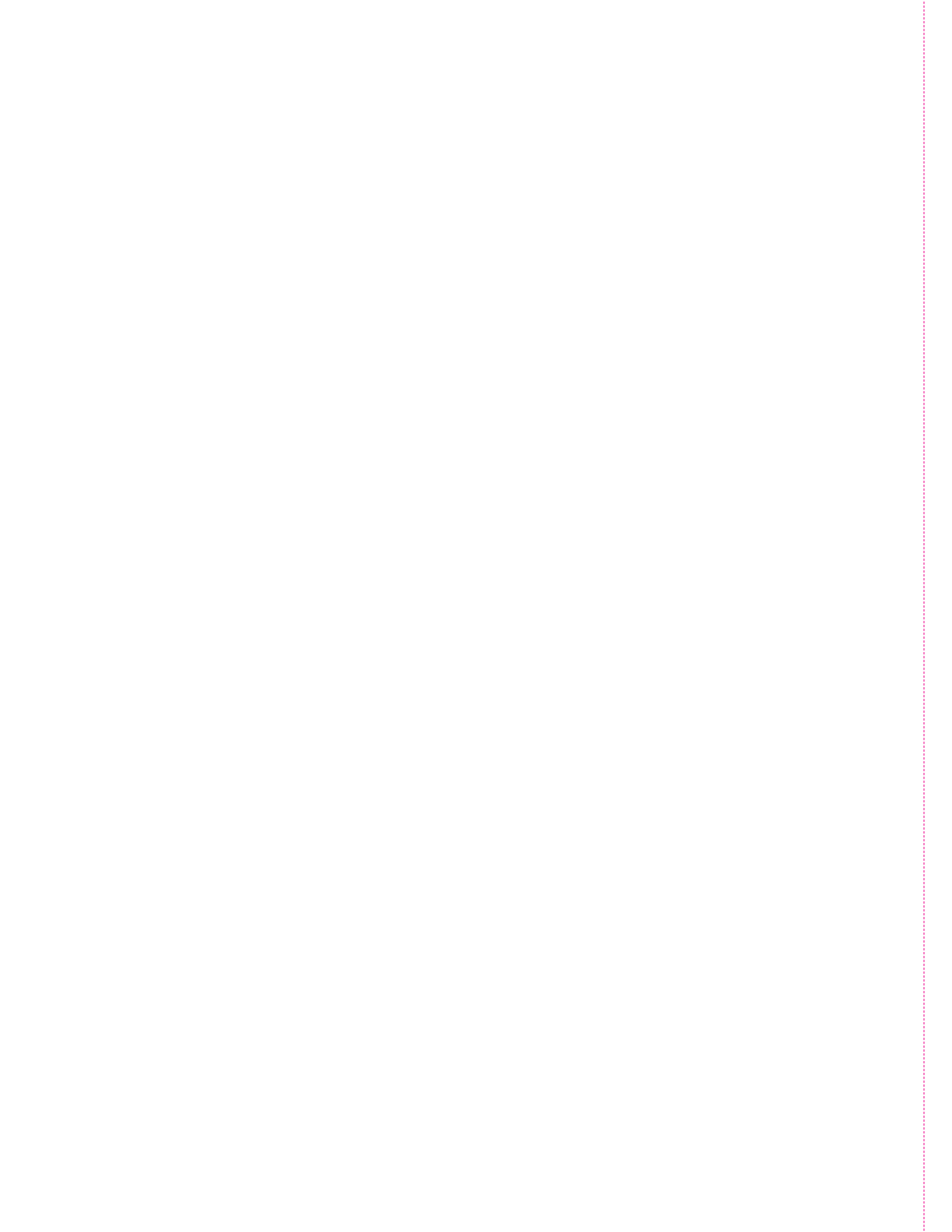
How well does the applicant interact with peers/coworkers? Supervisors/Teachers? \_\_\_\_\_

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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