

# Project EXCEL

## GENERAL INFORMATION FORM

(to be completed by the parent or guardian)

Applicant's Name: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

### EDUCATIONAL HISTORY

What learning difficulties has the applicant experienced? \_\_\_\_\_  
\_\_\_\_\_

Has the applicant had frequent absences from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reasons: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant suffer from any conditions that impact learning? \_\_\_ Yes \_\_\_ No

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant self-advocate or communicate needs properly? \_\_\_ Yes \_\_\_ No

Is the applicant's speech understandable to family members? \_\_\_\_\_

Do other people have difficulty understanding his/her speech? \_\_\_\_\_

## SOCIAL HISTORY

Please describe the applicant's social behavior: (friendly, distant, competitive, shy, enjoys group activities, loner, etc.)

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How does the applicant typically interact with peers? \_\_\_\_\_

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How does the applicant typically interact with adults? \_\_\_\_\_

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Does the applicant recognize social cues from others? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the applicant easily frustrated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Typical reaction? \_\_\_\_\_

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Describe the applicant's favorite hobbies or interests: \_\_\_\_\_

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Is there any other information that you feel may help us to understand and assist the applicant to be successful at The Mount? \_\_\_\_\_

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*\*Please note: The final date for admittance to Project EXCEL is two weeks prior to the start of the semester.*

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The University has designated the chief compliance and risk officer, 513-244-4393, Office of the President, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Title IX of the Education Amendments of 1972 and other applicable federal and state civil rights laws. The University has designated the director of Learning Center & Disabilities Services, 513-244-4524, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Section 504 of the Rehabilitation Act of 1973.

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