



**I would like to Attend (check the appropriate CARR)**

**CARR** (Juniors in Fall, 3 days/ 2 nights)

**CARR2** (Seniors in Fall; 5 days, 4 nights)

**CARR3** (Graduating seniors (college in Fall), transfers, 18+ years of age; 12 days/11 nights)

**PERSONAL INFORMATION**

<b>Date</b>	
<b>Full Name</b>	
<b>Birthdate</b> (mo/day/year)	
<b>Phone number</b> (that you check daily)	
<b>Email address</b> (that you check daily)	
<b>Address</b>	<b>Number and street</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip code</b> _____
<b>Payment for CARR</b>	___ <b>I am Self paying with check #</b> _____ ___ <b>OVR is funding, confirmed by my case counselor</b> (include name and contact info) _____ ___ <b>Other:</b> _____

## EDUCATIONAL INFORMATION

### High School Information

Name of High School	
What year are you in High School?	
How did you find out about CARR?	

### Type of High School (Check all that apply)

<input type="checkbox"/>	Private	<input type="checkbox"/>	Public
<input type="checkbox"/>	Charter	<input type="checkbox"/>	Parochial
<input type="checkbox"/>	Specialized School	<input type="checkbox"/>	Boarding
<input type="checkbox"/>	College Prep	<input type="checkbox"/>	Cyber School
<input type="checkbox"/>	Rural	<input type="checkbox"/>	Urban
<input type="checkbox"/>	Suburban	<input type="checkbox"/>	Other:

### Structure of your classes in High School (Check all that apply)

<input type="checkbox"/>	10 or less students in class	<input type="checkbox"/>	General Education
<input type="checkbox"/>	11-20 students in class	<input type="checkbox"/>	Resource Room
<input type="checkbox"/>	Over 20 students in class	<input type="checkbox"/>	Individual instruction
<input type="checkbox"/>		<input type="checkbox"/>	Learning Support
<input type="checkbox"/>		<input type="checkbox"/>	Social skills/ Strategies

### Support Services/ Accommodations you receive in High School

(Check all that apply and enter ones not listed)

<input type="checkbox"/>	Occupational therapy	<input type="checkbox"/>	Extra time on test
<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	Quiet area for tests
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Test given orally
<input type="checkbox"/>	1:1 paraprofessional	<input type="checkbox"/>	Guided notes/note taker
<input type="checkbox"/>	Check in/ check out person	<input type="checkbox"/>	Tasks broken down into simple steps
<input type="checkbox"/>		<input type="checkbox"/>	Visual checklist
<input type="checkbox"/>		<input type="checkbox"/>	Break passes
<input type="checkbox"/>		<input type="checkbox"/>	

**Are there any accommodations that you will need at CARR?**

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**Why do you want to attend CARR?**

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**College Interest**

1. Which post-secondary education are you looking into? (check box(es))

<input type="checkbox"/>	vocational program
<input type="checkbox"/>	2 year community college
<input type="checkbox"/>	4 year institution
<input type="checkbox"/>	I am not sure

2. What type of post-secondary education have you visited? (check box(es))

<input type="checkbox"/>	vocational program
<input type="checkbox"/>	2 year community college
<input type="checkbox"/>	4 year institution
<input type="checkbox"/>	I haven't visited yet

3. I think I will need support/guidance in the areas of (Check box(es))

<input type="checkbox"/>	Executive Functioning
<input type="checkbox"/>	Socializing
<input type="checkbox"/>	Self-advocacy
<input type="checkbox"/>	Independence
<input type="checkbox"/>	Employment/ Career choices

4. I would like to Major in: \_\_\_\_\_

**WORK EXPERIENCE**

1. Have you ever been employed/worked a paying job? (check box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	NO

If so, where \_\_\_\_\_

**STRESS**

What particular situations trigger stress for you: (check all that apply)

<input type="checkbox"/>	Communicating with others	<input type="checkbox"/>	People yelling at you	<input type="checkbox"/>	Working in groups
<input type="checkbox"/>	Social events	<input type="checkbox"/>	Not enough sleep	<input type="checkbox"/>	Getting homework/projects done on time
<input type="checkbox"/>	Loud noises/sounds	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Organizing school work
<input type="checkbox"/>	crowds	<input type="checkbox"/>	Unclear directions	<input type="checkbox"/>	Planning transportation
<input type="checkbox"/>	Change in routine	<input type="checkbox"/>	Meeting new people	<input type="checkbox"/>	Being late
<input type="checkbox"/>	Things not in order/orderly fashion	<input type="checkbox"/>	Parental involvement	<input type="checkbox"/>	Advocating needs
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

**How do you respond when you are:**

	<b>Responses</b>	<b>Coping strategies</b>
<b>Very anxious</b>		
<b>Very frustrated</b>		

**Please list any medications you are taking:**

<u>Medication</u>	<u>Dosage</u>

**Do you take your medication on your own without reminders? YES NO (Circle one)**

**SOCIAL INTERACTIONS**

**Check all that apply to your friendships/social interactions**

Have 1-2 friends	enjoy being around others	Enjoy meeting new people
Have a group of 5 or more friends	Like to try new things	Meet teachers before/after class/ school
Make friends easily	Will do things with others if preferred	Just do work for class, do not engage with professor/teacher unless need something
Maintain friendships	Will do things with others if non-preferred	Get along well with family
Can initiate conversation	Enjoy going to events with others	Prefer to do things with family members only
Can maintain conversation	Enjoy going to others' houses	Seek out social situations
Can end a conversation appropriately	Would prefer to stay home	Would like to be more social

**What do you do to have fun?**

Video games	Program computers/games	Watch tv
Computer games	Hang out with friends	Do crafts
Watch sports	Listen to music	Watch Youtube
Play sports	Go to concerts	Go for walk
Watch movies	Go out to eat	Outdoor adventure (hiking/canoeing)
Read	cook	Other_____
Paint	dance	Other_____

**Anything else you would like for us to know?**

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