

MERCYHURST UNIVERSITY

(AIM) Autism Initiative at Mercyhurst Application

CONTACT INFORMATION:

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APPLICATION PROCESS AND REQUIREMENTS:

This application is designed to assist our AIM Program staff in understanding your educational and psychological background, academic and career goals, and unique qualities. Individual initiative and academic capabilities are the basis of Mercyhurst admissions policy. As a college that believes in an academically challenging environment, we want to make sure Mercyhurst is the right choice for you.

To be considered for admission into the AIM Program applications and supporting documents must be complete. No incomplete applications will be reviewed and all applicants will need to be accepted to Mercyhurst University to be considered for AIM:

- Application for the AIM Program
- AIM Recommendation Form
- Mercyhurst Health Record Form
- Psycho-Social Documentation
- KaleidAScope Assessment Survey
- \$200 Application fee (for summer program only)

Please indicate which program you are applying: _____ **AIM** _____ **Summer** _____ **Both**

PERSONAL INFORMATION:

Legal Name _____ Male Female
LAST FIRST MIDDLE

Preferred Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Place of Birth _____ Citizenship _____

Home Phone _____

Father/Step-father name _____

Mother/Step-mother name _____

Student's Cell _____
Parent Cell _____
Parent Cell _____

Student's email _____
Parent's email _____
Parent's email _____

How did you hear about the (AIM) Autism Initiative at Mercyhurst?

Psycho-Educational Summary

Providing a safe and beneficial pre-college and college experience is a primary goal of our program. Having relevant background information helps us know more about you as a student so that we can better address your needs in the program and design experiences that will be more rewarding and effective. In addition, the information is needed to insure the safety of our staff and of the other participants in the AIM program. The information requested will be kept completely confidential; only authorized staff members will have access to it.

Educational Information: Please provide official high school transcript.

Name of High School: _____

School Address _____

School Phone Number _____

Please indicate type of high school program:

Public Parochial Private Home School

School District: _____ Current Grade _____

Primary School Contact _____

Phone: _____ Fax: _____

Type of program at the school: (Please check all that are appropriate.)

Regular classroom Learning support Autism Support Life Skills

Emotional Support Other (please specify) _____

Special Services: Occupational Therapy Physical Therapy Speech Therapy

Does applicant have a 504 Plan or an I.E.P.? Yes No

(If YES, please provide us with copy.)

Neuro-psychological: Please provide copy of most recent testing.

It is preferred that this testing occurred within the past three years.

Date Completed: _____ Evaluator: _____

Place of Evaluation: _____

Legal/Custody:

With whom does the applicant live?

Mother Father Both parents

Other (please specify) _____

Are there any custody orders pertaining to applicant? Yes No

If yes, please explain.

Support Services:

Has the applicant required a TSS or personal aide in the last 12 months? Yes No

If yes, please explain _____

Does the applicant receive?

Group Therapy Individual Therapy Wraparound Service

Other (please specify) _____

Name of therapist/ agency: _____

Phone number _____

Base Service Unit / Provider (if applicable)

Organization Name _____

Phone: _____

Address: _____

Case Manager or Resource Coordinator Name: _____

Phone: _____ Fax: _____

Behavioral Concerns:

Please check any behavioral concerns that are currently present, or have been present in the past 2 years:

- Anxious mood that interferes with concentration/attention
- Frequent episodes of sadness, crying
- Difficulty sleeping
- Significant difficulty separating from family or leaving home
- Frequent periods of irritability
- Temper outbursts at home
- Temper outbursts in the school or social settings
- Tics, unusual motor movements
- Stuttering
- Difficulty independently maintaining hygiene/grooming
- Abuse of alcohol
- Abuse of drugs
- Hyperactivity
- Frequently withdraws/isolates socially
- Clumsy/ poor coordination
- Self-harm/cutting/head banging
- Weight loss/gain of 20 pounds
- Thoughts or attempts of suicide
- Pulling hair
- Eating issues
- Difficulty managing sexual impulses/feelings
- Fighting
- Often belligerent with others
- Intense or unusual fears
- Other: _____

Student Conduct:

Does applicant demonstrate behavior issues related to?

- Adult Aggression Yes No
- Peer Aggression Yes No
- Running Away Yes No

Has the applicant ever been convicted of a misdemeanor, felony, or other crime? Yes No

Does applicant have any pending criminal charges? Yes No

(Please note: If you answer “yes” to any of these criminal history questions, you must submit the following information: accurate explanation, location of conviction pending criminal charges, suspension(s), expulsion, dates and court disposition. This statement must also include a grant of irrevocable authorization to the AIM Program for complete access to criminal records, if any. Complete information must be submitted at the time of application. A previous conviction, pending criminal charges or other expulsion or dismissal does not automatically bar admission to the AIM Program, but does require review and evaluation.) Any program student who has great difficulty in adjusting to this Program or who proves to be a detriment to themselves or others may be discharged at the Director’s discretion.

Emergency Contact Information:

Please provide two Emergency Contacts (other than parent or guardian):

Name: _____

Relationship _____

Cell Phone: _____

Email: _____

Name: _____

Relationship _____

Cell Phone: _____

Email: _____

Required Signatures:

I certify that I have read and I understand all the above information on this application.

I certify that the information submitted is factually true and honestly presented.

_____ Date _____
(Student Signature)

_____ Date _____
(Parent / Guardian Signature)

Forward your application with all the required material to:

Mercyhurst University • AIM Program • 304 Egan Hall • 501 East 38th Street • Erie, PA 16546-0001