MERCYHURST UNIVERSITY

(AIM) Asperger Initiative at Mercyhurst

CONTACT INFORMATION:

BRADLEY MCGARRY, Coordinator (AIM) Asperger Initiative at Mercyhurst
Phone: 814-824-2451 or 1-800-825-1926, ext. 2451; e-mail *bmcgarry@mercyhurst.edu*
DIANNE ROGERS, Director Learning Differences
Phone: 814-824-2450 or 1-800-825-1926, ext. 2450; e-mail *drogers@mercyhurst.edu*

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.

If you have any questions, please call or e-mail our office using the contact information indicated above.

To be considered for admission into the AIM Program applications and supporting documents must be complete. No incomplete applications will be reviewed:

- Application for the AIM Program
- AIM Recommendation Form
- Psych-Social Documentation
- KaleidAScope Assessment Survey

PERSONAL INFORMATION:

Legal Name _____ □ Male □ Female
LAST FIRST MIDDLE

Preferred Name _____ Date of Birth _____

Mailing Address _____

_____

City _____ State _____ Zip _____ Country _____

Home Phone _____

Parent's Cell _____ Parent's email _____

Student's Cell _____ Student's email _____

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

_____

Psycho-Educational Summary

Providing a safe and beneficial pre-college experience is a primary goal of our program.
Having relevant background information helps us know more about your student so that we can better address his or her 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.

During the time that your student is with us, we may gather some data or information about your student. You will not have access to this information; however, some of this data may be presented at meetings or published in articles. If that happens, the results will not be linked in any way to identifying information. Data will be summarized across all participants and reported as group averages.

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.

This testing MUST have 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: _____

Name: _____

Relationship_____

Cell Phone: _____

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 • Learning Differences Program • 501 East 38th Street • Erie, PA 16546-0001