

Autism Coaching Program Application

Thank you for your interest in the Autism Coaching Program! The following application should be completed by the student applying for coaching services. While you may have someone assist you with your responses, we are most interested in hearing from you in order to provide the best level of service.

First Name

Last Name

PID

Date of Birth

Street Address

City

State

Zip Code

Email Address

Phone Number

When will you begin attending Ohio University?

Semester

Year

Are you planning to live on campus?

Yes

No

Unsure

Disability Information

My diagnosis is:

Asperger's Disorder

Autism Spectrum Disorder

Pervasive Developmental Disorder

Other (please specify):

Please list all other disabilities/diagnoses:

High School Information

Name of High School

City

State

In high school, I had a(an):

504 Plan

ETR

IEP

Other (please specify):

Behavioral Concerns

Within the last four years, I have experienced:

Aggressive behavior towards self, peers, or adults

Outbursts at school, home, or in community

Thoughts or attempts of suicide

Abuse of alcohol or drugs

Anxiety that impacts concentration or activities

Irritability or belligerence with others

Issues with eating

Issues with sleeping

Issues with hygiene/grooming

Frequent or intense mood changes

Separation anxiety from family or home

Other (please specify):

Academic Information

What learning supports and learning activities help you best?

What are your concerns around entering college and/or living on campus?

What are your interests, school activities, and favorite free time activities?

Why are you interested in the Autism Coaching Program at Ohio University?

Is there anything else you would like to share with the coaching support staff?

Please send your completed application to:

Christy Jenkins
jenkinc1@ohio.edu

Student Accessibility Services
Baker 348
1 Ohio University
Athens, Ohio 45701
phone: (740) 593-2620
fax:(740) 593-0790



OHIO
UNIVERSITY