

Autism Services Center (ASC) Application

Please complete the application and return to: <u>psy-autismservicescenter@wmich.edu</u>

If you have any questions, please direct them to Kourtney Bakalyar at (269) 387-4349 or psy-autismservicescenter@wmich.edu. When the ASC application and parent/support system questionnaire are completed and submitted to ASC, you will be contacted to schedule an interview with an ASC staff member.

	Contac	t Information	
Legal First Name:		Last Name:	
Preferred Name:		Today's Date:	
Date of Birth:		Age:	WIN:
Preferred Pronouns:			
Gender Identity: (Examples: male, female, non-binary, o	etc.)		
Student's Address:			
City:	State:		Zip Code:
Student's Phone:			
Student's WMU Email:			
Student's Preferred Email:			
Parent/Guardian #1		Parent/Guardian #2	
Name:		Name:	
Address:		Address:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Email:		Email:	

How did you find out about the Au	tism Services Center (ASC)?
ASC Website	Social Media
High School Counselor	College Transition Websites
WMU Event	College Transition Publications
WMU Counselor	Personnel at another college or university
WMU Advisor	Conferences or Workshops
WMU Faculty	Other:
WMU Disability Services for Students Staff	
Current Education	onal Status
I am a High School Student	
High School Name:	
High School Location (City and State):	
Current Grade Level:	
Current Grade Point Average (GPA):	
Did you receive any dual-enrollment credits?	If so, how many?
Anticipated Major:	
Minor (if known):	
I am a Transfer Student	
Transferring from (School Name, City, and Stat	ta):
Reason for transferring:	
Number of credits completed:	GPA:
Anticipated Major:	51 A.
Minor (if known):	
I am a Currently Enrolled WMU Student	
Tain a Surrently Emolica Willo Student	
Declared Major:	Declared Minor:
Declared 2 nd Major or Minor:	
Number of credits completed:	GPA:
Number of semesters completed at WMU:	
Member of Lee Honors College?	
Anticipated Enrollment date at WMU and/or the	Autism Services Center:
WMU Status:	
Residence during School Year:	



Support Services Did you have an IEP or 504 plan in high school? Did you receive accommodations through a 504 plan or IEP in high school? If yes, please list your accommodations: If yes, under what category did you receive an IEP or with what diagnosis did you receive a 504 plan? Please list any additional diagnoses that have been formally assessed: Please indicate below any support services you currently receive or have received within the past 3 years: **Tutoring** Speech & Language Therapy Special Services for ASD/Learning Disabilities Occupational Therapy **ABA** Resource Room Program **Group Therapy** Other: Please indicate if you receive any of the following outside supports: Open case with Michigan Rehabilitation Service Open case with Bureau of Services for Blind Persons Kalamazoo Promise Scholar Seita Scholar

Personal Statements (to be completed by the student)

Do you plan to register with WMU's Disability Services for Students?

What are your expectations of ASC? What do you think you will need to help with?

Based on previous experiences, what are your academic strengths?
Based on your previous experiences, what are your academic challenges?
How do you learn best?
How do you enjoy spending free time?
How do you enjoy spending free time?
How do you enjoy spending free time?
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Do you have any particular academic or career interests? If so, what are they?
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Are you involved with any teams, clubs, or organizations? If so, which ones?
. Mhat ara cama barriara yay baya anaayntarad thrayah yayr adyaatianal and caalal
what are some parmers you have encountered unrough your educational and social
What are some barriers you have encountered through your educational and social
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