



## Parent/Support System Questionnaire

Please complete the application and return to: [psy-autismservicescenter@wmich.edu](mailto:psy-autismservicescenter@wmich.edu)

If you have any questions, please direct them to Kourtney Bakalyar at (269) 387-4349 or [psy-autismservicescenter@wmich.edu](mailto: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.

| Contact Information      |                  |
|--------------------------|------------------|
| Student's First Name:    | Last Name:       |
| Preferred Name:          | Today's Date:    |
| Your Name:               |                  |
| Relationship to Student: |                  |
| Your Cell Phone:         | Your Home Phone: |
| Your Email Address:      |                  |

| Parent/Support System Input  |
|--|
| <i>Please answer as honestly as possible to help us best support your student.</i> |
| What level of involvement do you plan to have in your student's college career?    |
|  |
| What current academic accommodations are being made by the school?                 |
|  |



What are your student's academic weaknesses?

What academic supports do you provide your student? (Such as, reminders to turn in assignments, reading assignments, editing papers)

What are your biggest concerns regarding your student's success at college?

What is your student's level of independence with activities of daily living (e.g., waking up, showering regularly, managing medication, etc.)?

What are your student's social strengths?



What are your student's social weaknesses?

What extracurricular activities does your student currently participate in?

Does your student have friends that they see consistently outside of school?

Please provide additional information that you feel would be important for us to know about your student.