



MAKOR COLLEGE EXPERIENCE SKILLS ASSESSMENT FORM

To be completed by Parent or Guardian

Name of applicant _____ DOB _____

Name of respondent(s) _____ Relationship _____

Please provide the following information so we can be sure that the applicant is appropriate and can succeed in the program:

Indicate how independent the applicant is in the following areas:

Circle the appropriate response (I= Independent; S= Needs supervision; A= Needs assistance; D= Dependent on others)

Dressing	I	S	A	D
Bathing	I	S	A	D
Toothbrushing	I	S	A	D
Toileting	I	S	A	D
Doing laundry	I	S	A	D
Preparing meals that do not require cooking	I	S	A	D
Preparing meals that require simple cooking	I	S	A	D
Walking around the community	I	S	A	D
Taking medication as needed	I	S	A	D
Using public transportation	I	S	A	D
Getting along with others	I	S	A	D
Shopping	I	S	A	D
Budgeting	I	S	A	D

Do you believe the applicant is eager to and able to learn in a classroom setting? ' Yes ' No

Do you believe the applicant will be able to maneuver around campus independently? ' Yes ' No

During his most recent educational experience, did the applicant require a formal plan to address challenging behaviors? ' Yes ' No

Has the applicant ever received medication to address challenging behaviors or a mood disorder? ' Yes ' No

Is the applicant currently receiving medication to address challenging behaviors or a mood disorder? ' Yes ' No

Does the applicant ever stay home without supervision? ' Yes ' No

Does the applicant ever go out without supervision? ' Yes ' No

For New York State Residents: Is the applicant approved for Day Hab services through the New York State Office for People with Developmental Disabilities? ' Yes ' No

What is the applicant's formal diagnosis? _____

Is there anything else you feel we should know that might affect the applicant's successful completion of the program?

Acceptance into the Makor Dorm is separate and not necessarily guaranteed by acceptance into the Makor College Experience Day Program. Are you seeking a spot in the dorm or does your son intend to commute to the program?

Check one (Note: Transportation is not provided)

- Intend to dorm Intend to commute

Please submit this form with the completed application and requested documentation.

THANK YOU