## University of Arkansas EMPOWER Program Application

Applicant Name:			
Name or name you prefer	to be called:		
Date of Birth:	Age:	Sex:	Citizenship:
Home Address:			
Cell phone number:			
Email:			
Mother's Full Name:		_Occupation:	·
Mother's email:		_Mother's ce	II:
Father's Full Name:		_Occupation	· ·
Father's email:		_Father's cell	·
Siblings' Names and Ages	:		
List each school that you h	•	•	
		•	h your current school. Please
include address and conta	ct person for hig	ıh school:	

## **High School Completion Document** Regular Diploma \_\_\_\_\_ Certification of Attendance/completion \_\_\_\_\_ **Diagnostic Information** Please list all diagnoses you have received: Please list the name and contact information of the licensed professional who provided these diagnoses: Telephone number: \_\_\_\_\_\_ Date of diagnosis: \_\_\_\_\_ What kinds of support services do you currently receive? (For example: tutoring, note taker, extra time on tests, speech/language, occupational therapy, social skills, counseling, etc.)

Are there any behavioral considerations? What do these behaviors look like?				
Have you ever been convicted of a felony or currently involved in a pending felony				
investigation? Have you ever been convicted of a crime or currently involved in ANY				
pending criminal investigation? If yes, please explain.				
Are your own local quardien?				
Are you your own legal guardian?				
Do you have any siblings that attend/have attended the University of Arkansas or have				
your parents/guardians attended the University of Arkansas?				
Para and Otatamanta				
Personal Statements				
I learn best when:				
Mu and devoice professionance and attractable area				
My academic preferences and strengths are:				

My academic challenges are:
My academic interests include:
In my free time, I like to:
What have you accomplished that has made you feel very proud of yourself?

I am excited about attending the University of Arkansas because:

I am nervous about attending the University of Arkansas because:
What are your goals after completing this program?
What else would you like us to know about you?

Your completed application package should include:

- o U of A EMPOWER Application Form
- Most recent IEP
- o Three Recommendation Letters

- o Documentation of all diagnosis
- Personal Support Inventory

Please send your completed application package to:

Ashley Bradley
University of Arkansas EMPOWER
410 Arkansas Ave.
University of Arkansas
Fayetteville, AR 72701
arbradle@uark.edu

Once we receive these materials, we will contact you to schedule an interview.

## Personal Support Inventory

Independent Living Skills	1 Requires Complete Assistance	2 Needs Moderate Assistance	3 Needs Some Assistance	4 Needs Minimal Assistance	5 Completely Independent
Finding Way Around Campus Environment					
Knows and can verbalize and/or write personal information: Name, Address, Email, phone					
Managing Personal Belongings					
Interpersonal Skills: Ability to Relate to Others					
Asks for help, clarification, or questions					

Use of Judgment Skills in an Emergency			
Emotional: Copes with Stress			
Adjust to new situations			

Social Skills and	1 Poguiros	2 Needs	3 Needs	4 Noods	5 Completely
Social Skills and	Requires	Needs	Needs	Needs	Completely
Communication	Complete	Moderate	Some	Minimal	Independent
	Assistance	Assistance	Assistance	Assistance	
Communicates					
needs in an					
appropriate					
manner					
Engages in					
appropriate social					
interaction					
Using phone and					
email					
Making friends					
What is preferred					
form of					
communication?					

Academic Skills	1	2	3	4	5
	Requires	Needs	Needs Some	Needs	Completely
	Complete	Moderate	Assistance	Minimal	Independent
	Assistance	Assistance		Assistance	
Handling money: counting					
change/bills,					
understanding values,					
using banking account					

Computer and Multimedia						
Skills						
Approximate Grade Levels:						
Word Processing						
Internet						
Email						
Powerpoint						
Math Skills:						
Approximate Grade Levels						
Addition						
Subtraction						
Multiplication						
Division						
Reading and Writing Skills:						
Reading						
Writing						
Listening						
Comprehension						
Comprehension						
Motivation to learn and						
persist on new tasks						
persist off flew tasks						
Ability to Follow yorbol						
Ability to Follow verbal directions						
directions						
Ability to Calley with a						
Ability to Follow written						
directions						
Ability to keep a daily						
schedule with due dates						
and assignments						
Has applicant utilized any assistive technology?If yes, what?						
Additional Remarks: Please lis	-			or emotional co	nditions that	
may need to be considered w	hen planning	a postseconda	ry experience.			