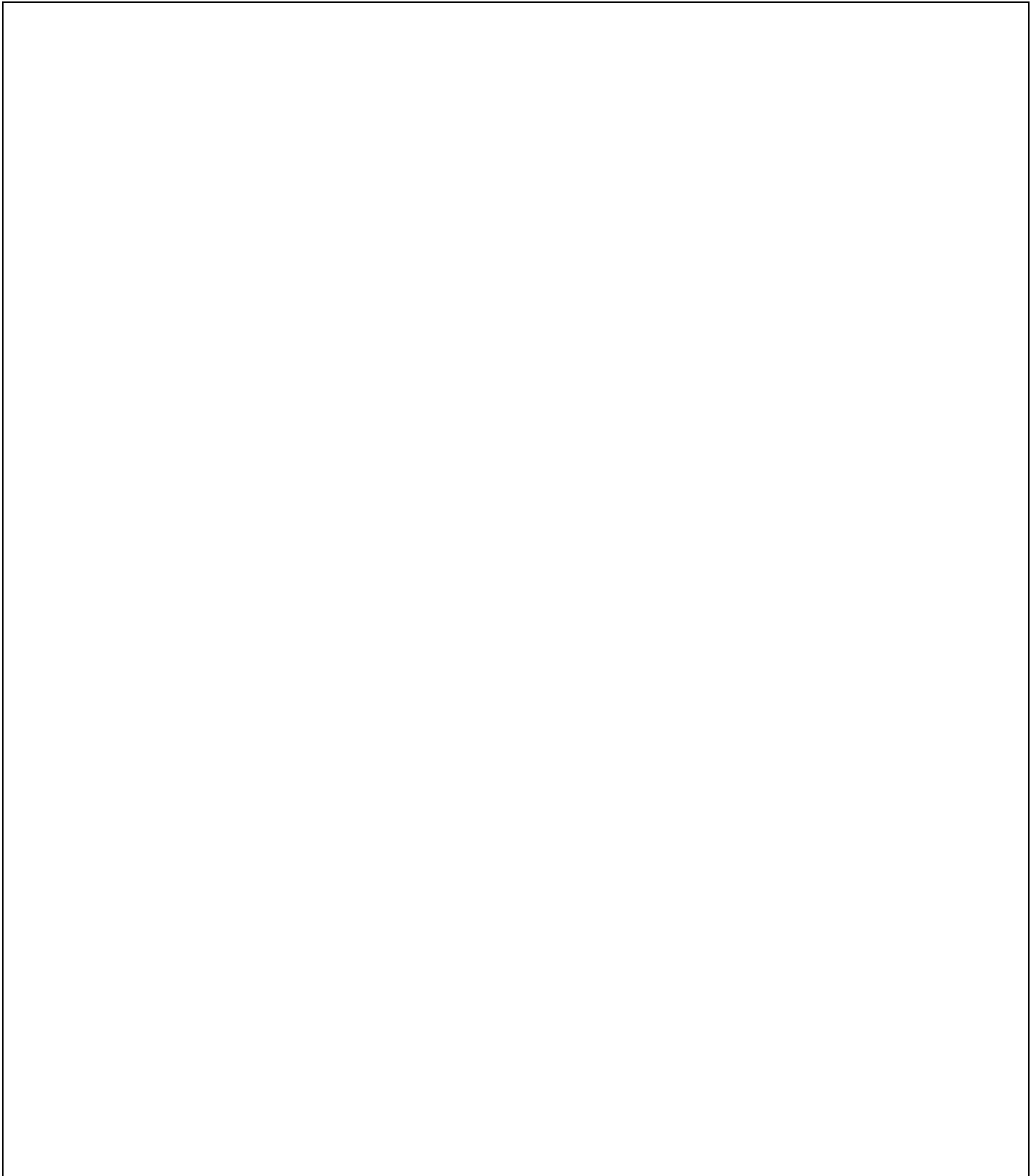


## Titans UP! Application Form

Student Name:	Date Completed:
Address:	
Student Phone:	Student Email:
Parent/Caregiver Phone:	Parent Email:

1. Describe student's personal strengths, interests, abilities:
  
2. Does the student like school work/ homework? Work well independently?
  
3. Why does this student want to continue their educational studies?
  
4. Does the student have any paid or unpaid work experience? Describe.
  
5. Are you already working with a Vocational Rehabilitation (VR) Counselor? Who?
  
6. Describe this student's communication skills.
  
7. Does the student use any assistive technology?
  
8. How does this student handle stress?
  
9. Does the student have any close friends? Who? What relationship?
  
10. Does the student have any hobbies?
  
11. Does the student have any health concerns or allergies?

12. Please list any other notes:

A large, empty rectangular box with a thin black border, intended for the user to list any other notes.

Please use this **sample** to help you fill in personal information about the student’s strengths, concerns, and any observations for each topic in the table. Use the blank form on the following page to complete the **Assessment of Student’s Life Skills**.

<b>Assessment of Student’s Life Skills</b>	
Please assess student’s level of each independent-living skill listed below.	
<b>Self-Determination</b> (Domain 1)	
strengths	will stick up for herself, speaks out, not shy
concerns	doesn’t always wait for instructions
observations	wants to do it herself, “let me”
<b>Functional Academics</b> (Domain 2)	
strengths	strong in writing and reading at 6 <sup>th</sup> grade level
concerns	math is difficult
observations	gives up when she thinks math is too hard
<b>Financial Planning and Money Management</b> (Domain 3)	
strengths	has a debit card she is learning to use
concerns	can’t count change
observations	interested in learning about money
<b>Socialization, Relationships, Self-Esteem</b> (Domain 4)	
strengths	has many friends
concerns	none
observations	likes to go to best friend’s house
<b>Employment</b> (Domain 5)	
strengths	is curious about work
concerns	how and where to apply
observations	wants to get a job
<b>Travel and Mobility</b> (Domain 6)	
strengths	knows her way around neighborhood
concerns	wants to get her driver’s license
observations	is reading practice book for DL
<b>Community Living</b> (Domain 7)	
strengths	likes to go to church & grocery store
concerns	could learn more about money and prices
observations	enjoys food shopping for cooking
<b>Home Living</b> (Domain 8)	
strengths	likes to cook and shop, does her own laundry
concerns	doesn’t like to use dishwasher because it flooded once
observations	helpful with chores around house
<b>Personal Care</b> (Domain 9)	
strengths	takes total care of herself
concerns	none
observations	none
<b>Health and Safety</b> (Domain 10)	
strengths	can stay home alone, knows safety rules
concerns	worries about hurricanes
observations	she is safe in kitchen and bathroom practices

# Assessment of Student's Life Skills

Please assess student's level of each independent-living skill listed below.

<b>Self-Determination</b> (Domain 1)		
strengths		
concerns		
observations		
<b>Functional Academics</b> (Domain 2)		
strengths		
concerns		
observations		
<b>Financial Planning and Money Management</b> (Domain 3)		
strengths		
concerns		
observations		
<b>Socialization, Relationships, Self-Esteem</b> (Domain 4)		
strengths		
concerns		
observations		
<b>Employment</b> (Domain 5)		
strengths		
concerns		
observations		
<b>Travel and Mobility</b> (Domain 6)		
strengths		
concerns		
observations		
<b>Community Living</b> (Domain 7)		
strengths		
concerns		
observations		
<b>Home Living</b> (Domain 8)		
strengths		
concerns		
observations		
<b>Personal Care</b> (Domain 9)		
strengths		
concerns		
observations		
<b>Health and Safety</b> (Domain 10)		
strengths		
concerns		
observations		