



## **Student Application**

Applicant's name			
Home address:			
City:	_State:	Zip code:	
Social Security number:	Date of	Date of birth:	
Last educational setting and date attended:			
Last grade completed:	_		
Place of employment:			
Position:			
Parent/guardian name (if applicable):			
Address:			
Phone: ( )	Cell: (	)	

## **Statement of Interest**

To be completed by applicant.		
1. Why do you want to attend The Transitions Academy	?	
2. What kinds of jobs are you interested in after you leav	e school?	
3. How do you spend your free time?		
4. What types of things do you need assistance with?		
5. How did you learn about The Transitions Academy? _		
, ,		
Applicant signature:	Date:	

Applicant's Name:	
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## **Student Evaluation Inventory**

Please rate yourself (or on the applicant's behalf), to the best of your ability, based on the scale below. Take your time, be honest, and be thorough.

ACADEMIC SKILLS Please check one.	Hever	Rarely	Often	Always
I understand what I read.				
I am able to communicate effectively through writing.				
I write legibly.				
I communicate appropriate thoughts and ideas when speaking.				
I am able to use a computer.				
I use the calculator to solve computation.				
I handle my own money to purchase items.				

WORK RELATED SKILLS Please check one.	Hever	Rarely	Often	Always
I have done volunteer work.				
I have worked a part-time job.				
I have worked with a job coach.				
I will ask someone to show me how to do tasks I do not understand.				
I can find out how to get to places unassisted.				

RESPONSIBILITY Please check one.	Hever	Rarely	Often	Alw
I complete all assigned school work on time and with care.				
I attempt to arrive to work and school on time.				
I can get to work and school unassisted.				
I am good at managing my time between school, work, and personal commitments.				
I am motivated to complete assigned tasks well.				
I am aware of my strengths and weaknesses.				
I am honest and dependable.				