

**UNIVERSITY OF**

**NORTHERN COLORADO**

G.O.A.L. Program

Parent Application - G.O.A.L.

\* Required

Is the student their own guardian? \*

The child being their own guardian is a mandatory criterion to be admitted to G.O.A.L.

Yes \_\_\_\_\_\_\_\_\_

No \_\_\_\_\_\_\_\_\_

In process \_\_\_\_\_\_\_\_\_

Does the child have a documented intellectual or developmental disability? \*

A documented intellectual or developmental disability is a mandatory criterion to be admitted to G.O.A.L.

Yes \_\_\_\_\_\_\_\_

No \_\_\_\_\_\_\_\_

Does the student currently have a High School Diploma or Certificate of Completion from High School? \*

Completion of High School is a mandatory criterion to be admitted to G.O.A.L.

Yes \_\_\_\_\_\_\_

No \_\_\_\_\_\_\_

Contact Information

Names

Address

City, State, Zip

Phone numbers

email address

Misc. information

Why is it important for your son or daughter to attend G.O.A.L. ?

As a parent, what was the most enjoyable part of your son or daughter's high school and or transition program experience?

As a parent, what did you feel was the most challenging part of the HS and or transition experience?

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Has this student had a history of challenging behaviors, i.e., stealing, inappropriate touching, angry outbursts, etc.

All students are required to follow UNC’s student code of conduct

 Yes \_\_\_\_\_

 No \_\_\_\_\_

Describe the family’s attitudes and concerns about the student moving away to attend college.

Describe any concerns you may have that would impact the applicant’s ability to be successful in G.O.A.L.

Describe your preparations in assisting this student in making the transition to college life.

Please indicate if the student has stayed overnight away from his/her primary caregiver(s). (Please mark all that apply.)

Camp \_\_\_\_\_\_

School \_\_\_\_\_\_

Vacation \_\_\_\_\_\_

Home while parents away \_\_\_\_\_\_

Other:

If you answered yes to the previous question, where did the student stay and for how long?

What level of supervision did the student have? (Please mark all that apply.)

24 hour \_\_\_\_\_\_\_

One on one \_\_\_\_\_\_\_

Small group \_\_\_\_\_\_\_

None \_\_\_\_\_\_\_

Has the student used public transportation to get to school or work?

Yes \_\_\_\_\_\_\_

No \_\_\_\_\_\_\_

Does the student use a cell phone independently?

Yes \_\_\_\_\_\_

No \_\_\_\_\_\_

Please list medical conditions other than common childhood illnesses

Please list any medications the student is currently taking

Is the student currently receiving Supplemental Security Income (SSI)?

Yes \_\_\_\_\_\_\_

No \_\_\_\_\_\_\_

Application in process \_\_\_\_\_\_\_

Does the student have a current open case with Colorado Division of Vocational Rehabilitation (DVR)?

Yes \_\_\_\_\_\_

If yes, what office are they working with and who is the DVR counselor?

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No \_\_\_\_\_\_

Application in process \_\_\_\_\_\_\_

Does the student receive supported living services (SLS) through your community centered board (CCB)?

Yes \_\_\_\_\_\_

 If yes, which CCB and what services does your student receive?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No \_\_\_\_\_\_

Application in process \_\_\_\_\_

How did you hear about UNC GOAL?

GOAL Brochure \_\_\_\_\_

Other Parents \_\_\_\_\_

Newspaper \_\_\_\_\_

Teacher \_\_\_\_\_

Support person \_\_\_\_\_

Other:

McKee Hall Room 006 | Campus Box 141 | Greeley, CO 80639-0139 | P: 970-351-1164 | |||F: 970-351-1061 | http://www.unco.edu/unc-goal/