

Inclusive Post- Secondary Education Campus Day at the University of Georgia

Friday, April 10th, 2015

Participant Application Form:

Applicant's Name:

Applicant's Age:

Applicant's Current Educational Status: (in high school, graduated from high school, in an educational day program, other)

Please review the criteria below and respond as accurately as possible:

The applicant does NOT engage in behaviors that may be dangerous to self or others	Yes No
The applicant can tolerate crowds and tight spaces, as may be the case when riding the campus bus	Yes No
The applicant can use the restroom independently	Yes No
The applicant does NOT engage verbally or physically in ways that may be distracting in a classroom setting	Yes No
The applicant can take any medication needed during their visit independently	Yes No
The applicant uses a wheelchair or otherwise requires accessible transportation	Yes No
The applicant has food allergies/ dietary restrictions	Yes No

If yes, please list:

Name and cell phone number for emergency contact on day of event:

If selected, what kinds of courses would the applicant be most interested in observing?

Thank you!